

Personal Health & Medical Supplement

This information is for camp use ONLY

Must attach to
Family Summary Sheet
along with BSA Medical Part A & B
All forms are located
www.dulaneybsa.org/version2/daycamp.html
Please PRINT or Type!

Participant _____

Check One

- Junior Camp Bear Adult
 Tiger Webelos
 Wolf Youth Crew

Nick Name	Birthdate	Weight
Home/Cell Phone	E-mail	
Recent Operations or Surgery? If Yes, please explain any limitations of activities		
Any physical or behavioral conditions that may affect or limit full participation in hiking, shooting sports or playing strenuous physical games		
List any equipment needed: (wheelchair, braces, glasses, contact lenses, etc.)		
MEDICATION TO HELP WITH CONCENTRATION IS VERY HELPFUL Current Medication Name , Dose, & Time to be taken (Please indicate any "as needed" medications):		
A _____, _____ & _____		
B _____, _____ & _____		
If Child request, can we give them (Please check):		
<input type="checkbox"/> Benadril <input type="checkbox"/> Tylenol/Motrin <input type="checkbox"/> Caladryl Lotion <input type="checkbox"/> Tums <input type="checkbox"/> Throat Lozengers <input type="checkbox"/> NONE		

- You may use photos and /or Video of my child on CDs or DVDs for
Dulaney District to promote our Day Camp productions**

This permission is limited to CDs and/or DVDs. No internet or web-based applications will be used.

- You Do NOT have my permission to photograph my child**

Signed _____	Date _____
--------------	------------