

Supplemental Medical

This form must accompany the BSA Medical Form for All Campers

Part 1 - Contact Information *(To be Completed by All Campers)*

Participant Name: _____ Age: _____

Camp: _____ Campsite: _____

Emergency Contact Name: _____ E.C. Phone _____

Parent/Guardian Email (if under 18) or Participant Email (if over 18): _____

Do you have any medicine, food, or environmental allergies, or any medical condition that the health services staff should be aware of? (If so, please list them)

Part 2 - Medications *(To be completed by a parent or guardian if the scout is under 18)*

List any medications prescribed by a doctor:

1: _____ 5: _____
 2: _____ 6: _____
 3: _____ 7: _____
 4: _____ 8: _____

Unit Leader Acknowledgment

As the adult unit leader for the Scout named above, I recognize that they are currently taking the medication(s) listed above. I agree to take responsibility for these medications, including locking them for storage, and making certain that the Scout takes them as prescribed.

Signature of Unit Leader: _____ Date: _____

Part 3 – Over the Counter Medication *To be completed by Parent / Guardian of Scouts under the age of 18.*

Which of the following over-the-counter medications do you give permission for Health Services to administer to your Scout, should they be needed? All medications will be dosed according to package instructions for their age. (Please Check Yes or No next to each medication)

	Yes	No
Acetaminophen (Tylenol)	☐	☐
Ibuprofen (Advil / Motrin)	☐	☐
Diphenhydramine (Benadryl)	☐	☐
Pseudoephedrine (Sudafed)	☐	☐

	Yes	No
Pepto-Bismol	☐	☐
Tums	☐	☐
Oragel	☐	☐
Midol/Pamprin	☐	☐

Parent/Guardian Signature: _____ Date: _____