

Supplemental Medical

This must accompany the BSA medical form for ALL campers

Part 1 – To be completed for all campers

Name: _____ Age: _____

Camp: _____ Campsite: _____ Unit: _____

Do you have any medicine, food, or environmental allergies? (If so, please list them):

Part 2A – To be completed by Parent / Guardian of Scouts under the age of 18.

Are you taking any medications prescribed by a doctor? If so please list them below.

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

Part 2B – To be completed by Unit Leader of Scouts under the age of 18.

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 – 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 Circle)

Acetaminophen (Tylenol)	Yes	No	Ibuprofen (Advil / Motrin)	Yes	No
Diphenhydramine (Benadryl)	Yes	No	Pseudoephedrine (Sudafed)	Yes	No
Pepto-Bismol	Yes	No	Tums	Yes	No
Oragel	Yes	No	Midol/Pamprin	Yes	No
Tolnaftate (Tinactin)	Yes	No			

Parents/Guardian Signature: _____ Date: _____