

Supplemental Medical

This must accompany the BSA Medical Form for all Campers

Part 1 – To be completed for all campers

Name: _____ Age: _____

Camp: Raven Knob Campsite: _____ Unit: _____

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

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

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 the Unit Leader of Scouts under the age of 18:

As the adult unit leader for the Scout named above, I recognize that he is currently taking the medication(s) listed above. I agree to take the 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 the 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 child, should they be needed throughout the week? All medications will be dosed according to package instructions per the child’s 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 |
| Loperamide (Imodium) YES NO | Oragel YES NO |
| Tolnaftate (Tinactin) YES NO | |

Parent/Guardian Signature: _____ Date: _____