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 he is 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 child, should they be needed throughout the week? All medications will be dosed according to package instructions for his 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			

Parents/Guardian Signature: _____ Date: _____