

Jamboree Troop 812 - Health/Medical/Emergency Info.

Scout Name: _____

Add/Cty/Zp: _____

H-Ph# ____ - ____ - ____ Cell# ____ - ____ - ____

Parents/Step-Parents/Guardian Info

<u>Name</u>	<u>Relationship</u>	<u>Phone #</u>
_____	_____ / _____	____ - ____ - ____
_____	_____ / _____	____ - ____ - ____
_____	_____ / _____	____ - ____ - ____

Additional Emergency Contact

_____ / _____ - ____ - ____

Physician

_____ / _____ - ____ - ____

Insurance Carrier Policy # Preferred Hospital

_____ / _____ / _____

Medical Conditions / Special Needs / Action to Take

Prescription Medication / Dose Amt. / Time Administer

- #1 _____ / _____ / _____
- #2 _____ / _____ / _____
- #3 _____ / _____ / _____
- #4 _____ / _____ / _____
- #5 _____ / _____ / _____

Comments: _____

Allergies: Food, Drink, Environment, Animal, Medication

Permission For Over The Counter Medication

I, _____, give permission for my child _____, to receive the non-prescription medications listed on an as needed basis. Unless directed otherwise they will be given as directed on package labeling.

Click above line or (√) to Approve -Leave blank if “No”

- Acetaminophen-Tylenol or generic(minor aches & pains)
 - Antibiotic ointment (minor scrapes and cuts)
 - Antihistamines (cold or allergies)
 - Benadryl-cream or oral (stings,bites,cold,cough,allergies)
 - Cough drops or syrup
 - Decongestants (colds or allergies)
 - Dramamine or motion sickness medication
 - Hydrocortisone cream or Caladryl (itching)
 - Ibuprofen-Advil or generic (minor aches and pains)
 - Kopectate or Imodium (diarrhea)
 - Maalox or Tums (upset stomach, gas)
 - Milk of Magnesia (constipation)
 - Pepto Bismol (upset stomach, diarrhea)
 - Sunscreen
 - Sunburn relief cream, gel or spray
 - Throat Lozenges
-

Informed Consent Agreement:

In case of an emergency I understand that every effort will be made to contact the parent or the emergency contact person. If they cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for medical evaluation, follow-up and communication with the child’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities. **Click above one line to (√)**

Without restrictions. With special restrictions (list)

Signature _____
Date: _____ Parent/Guardian: _____

This information is confidential and for Scoutmaster staff reference. Changes in information should be resubmitted on a new form. Click “Forms” on the Troop 812 Website. www.jamboreetroop812.org