

ME-TOO DAY CAMP HEALTH FORM

A "ME-TOO" IS A NON CUB SCOUT CHILD OF AN ADULT DAY CAMP VOLUNTEER

DISTRICT _____ CAMP DATE _____

NAME _____ PACK# _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

CIRCLE THE DAYS YOUR CHILD WILL BE ATTENDING: Tuesday Wednesday Thursday Friday

HEALTH HISTORY: Age _____ Weight _____ Height _____ Birthdate _____

HAVE OR SUBJECT TO: () Asthma () Convulsions () Heart Trouble

() Diabetes () Contact Lenses () Fainting Spells

ALLERGIES- BE SPECIFIC _____

If yes to any of the above, please list _____

ANY RESTRICTIONS ON ACTIVITIES FOR MEDICAL REASONS? _____

Please explain: _____

DATE OF LAST TETANUS SHOT: _____ (MANDATORY: Must have actual date.)

WHAT, IF ANY, MEDICATIONS ARE YOU CURRENTLY TAKING (At or away from camp)?

MEDICATION NEEDED AT DAY CAMP: (EXAMPLE)

Name: 1. _____ 2. _____ 3. _____ BRETHINE

Dosage: 1. _____ 2. _____ 3. _____ 250 MG

When: 1. _____ 2. _____ 3. _____ 3 X DAILY

Please send all medications in original container or prescription bottle. All medication is to be given to the Camp Medical person at the daily check- in.

IN CASE OF EMERGENCY NOTIFY (Please list individuals who will be available during camp):

NAME & RELATIONSHIP _____ HOME/WORK PHONE _____

NAME & RELATIONSHIP _____ HOME/WORK PHONE _____

PHYSICIAN NAME & PHONE _____

AUTHORIZATION: This health history is correct as far as I know, and the person herein described has permission to engage in all activities, except as noted by the physician and me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by Camp Management, to hospitalize, secure proper anesthesia, or to order injection or surgery for my child. Any refunds will be assessed a \$5.00 readiness fee.

SIGNATURE _____ DATE _____

(Parent or Guardian)

OVER 

THIS FORM MUST BE SUBMITTED WITH THE HEALTH FORM

CUB DAY CAMP PICK-UP & RELEASE FORM

My son: _____ Pack # _____
(Please print) (District)

will be attending day Camp at McGimsey Scout Park.

OR (NAME OF OUTLYING CAMP LOCATION) _____

FROM (dates) _____ to _____

Dropped off in the mornings by _____ Phone # _____
(Please print)

Picked up in the afternoons by _____ Phone # _____
(Please print)

I understand that he must be signed in and signed out each day by this person. If there is a change in who will be dropping off or picking up on a particular day, I will notify camp staff in writing.

Parent Phone # Home _____

Work _____

Cell _____

- ❖ If a child arrives late, please bring the child to the Camp Headquarters to be signed in and brought to his den by camp staff.
- ❖ If a child needs to leave early, please come to the Camp Headquarters to sign him out and have a staff member retrieve your child from his den.
- ❖ Please send a note with your child if you cannot pick him up.