



PRINT LAST NAME: _____

TROOP 599
SUMMER CAMP
JUNE 23 - 30, 2018
CAMP BUCK TOMS, TN

CONTACT INFORMATION and MEDICATION / ALLERGY LIST

(To be filled out for ALL Scouts - If you have NO Medications just fill in Sections A & C)

A. Scouts Name: _____ **Age:** _____

Parent / Guardian Name: _____ Signature: _____

Daytime Phone: _____ Evening Phone: _____

B. MEDICATION: _____ **DOSAGE:** _____

WHEN TAKEN: _____

PRESCRIBING DOCTOR: _____

DOCTOR'S TELEPHONE No.: _____

MEDICATION: _____ DOSAGE: _____

WHEN TAKEN: _____

PRESCRIBING DOCTOR: _____

DOCTOR'S TELEPHONE No.: _____

MEDICATION: _____ DOSAGE: _____

WHEN TAKEN: _____

PRESCRIBING DOCTOR: _____

DOCTOR'S TELEPHONE No.: _____

C. KNOWN ALLERGIES (ie: Medications, Foods, Other) **NOTE: "I don't like liver" is not a food allergy!**

