

Scout Information Form

The Adult Leadership of Troop 1154 is committed to insuring that each Scout has a positive summer camp experience. We recognize and understand that each Scout is unique and ask that you complete this form; providing any insight that will assist us in making this a memorable experience for your Scout.

Scout Name: _____

Is your Scout currently under a physician's care? Yes No

If Yes, for what: _____

Is your Scout currently taking any medications? Yes No

If Yes, what Medications: _____

Is your Scout allergic or sensitive to any medication? Yes No

If Yes, how severe is the reaction? Moderate Strong Severe

And to what medications: _____

Is it okay to provide Tylenol or Ibuprofen as necessary for general aches? Yes No

Is it okay to apply Calamine lotion as necessary for allergic reactions? Yes No

Is it okay to apply antibiotic cream as necessary for cuts and scrapes? Yes No

Is your Scout allowed to participate in aquatic activities? Yes No Restricted

If Restricted, what is limited? _____

Your Scouts swimming ability: Non-Swimmer Beginner Swimmer Experienced Swimmer

Other than Aquatic activities, should any other activities be restricted? Yes No

If Yes, what activities are limited? _____

Is it necessary for your Scout to follow a special diet? Yes No

Food allergies Religious reasons?

Milk Egg Peanut Tree Nuts Fish Shellfish Wheat Soy Pork

Other: _____

If Yes for food allergies, how severe is the reaction? Moderate Strong Severe

Is this your Scouts 1st time being away from you? Yes No

Do you anticipate that your Scout will become home sick? Yes No

Are there any other considerations concerning your Scout we should be aware of? Yes No

If Yes, what are they? _____