



**Adventure Day Camp
MEDICAL ALERT**

This form is to give you an opportunity to share any information about your son, prior to camp that will help our camp health staff provide the best possible care for your son. This information is for review by the camp director and health staff.

Please indicate any medications, allergies or special concerns that you have for your son.

If you would like to talk to the health staff please indicate on this form and provide a number to contact you.

Name of Camper:		Date of Birth:	
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Address:		Entering Grade:	
	(street)		(City/Town)

Please Check Weeks Attending: 1 2 3 4 5 6

Medication: _____

Rout of Administration:		Dosage:	
Frequency:		Times of Admin:	

Specific directions or information for administration: _____

Please list all current medications, even if not to be administered at camp.

Any other medical conditions(s):* _____

Asthma?		Medications		Does he/she carry an inhaler?	Yes		No	
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Allergies?		Medications		Does he/she carry an Epi-Pen?	Yes		No	
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Does he/she know how to use it?	Yes		No	
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I would like to have a health staff call me about my camper.	Best time to call:		Phone	
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Parent's name _____

Parent's Signature _____ Date _____

Scan and email to info@cubscoutcamps.org or fax to 508-872-9092 attn: ADC