

Supplemental Medical

This must accompany the BSA Medical Form for all Campers

Part 1 – To be completed for all campers

Name: _____ Age: _____

Camp: Raven Knob Campsite: _____ Unit: _____

Part 2A – To be completed by Parent/Guardian of Scouts under the age of 18:

Do you have any medicine, food, or environmental allergies? (If so, please list them below)

Are you taking any medications prescribed by a doctor? If so, please list them below.

- | | |
|----------|----------|
| 1: _____ | 5: _____ |
| 2: _____ | 6: _____ |
| 3: _____ | 7: _____ |
| 4: _____ | 8: _____ |

Part 2B – To be completed by the Unit Leader of Scouts under the age of 18:

As the adult unit leader for the Scout named above, I recognize that he is currently taking the medication(s) listed above. I agree to take the responsibility for these medications, including locking them for storage and making certain that the Scout takes them as prescribed.

Signature of Unit Leader: _____ Date: _____

Part 3 – To be completed by the Parent/Guardian of Scouts under the age of 18:

Which of the following over-the-counter medications do you give permission for Health Services to administer to your child, should they be needed throughout the week? All medications will be dosed according to package instructions per the child’s age. (Please circle)

- | | |
|-----------------------------------|----------------------------------|
| Acetaminophen (Tylenol) YES NO | Ibuprofen (Advil/Motrin) YES NO |
| Diphenhydramine (Benadryl) YES NO | Pseudoephedrine (Sudafed) YES NO |
| Pepto-Bismol YES NO | Tums YES NO |
| Loperamide (Imodium) YES NO | Oragel YES NO |
| Tolnaftate (Tinactin) YES NO | |

Parent/Guardian Signature: _____ Date: _____



Special Diet Form

Due Date

June 1st, 2015

Return toCamp Director
266 Raven Knob Road
Mt. Airy, NC 27030

Unit Number
Council
Week of Camp
Campsite

The staff at Camp Raven Knob want to provide the best experience it can for every camper. Our Dining Hall staff provides a balanced diet for young Scouts at all meals. If you have a Scout or Leader with a special dietary concern or restrictions please complete this form. We need to know who these campers are and what is needed. The more complete information that can be provided, the better we will be able to fulfill request. Upon arrival to camp, please stop by the Dining Hall and meet our kitchen staff so they can talk with the individuals with the Special Diets. Please let us know by June 1st so we know what special needs exist in your unit. If we do not receive a form on time, we cannot guarantee that your needs will be met. Special diets that are planned in advance include Vegetarian, Kosher, and diets based on allergies.

Name	Dietary Need
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____
9) _____	_____
10) _____	_____