Name: _____ Troop: _____

	Form	Fields	Notes
Required	A	◯ Participant signature ◯ Parent/guardian signature **Youth required*	
	B1	◯ Name/DOB ◯ Address ◯ Emergency contact ◯ Health History	
	B2	◯ Medication (if applicable) ◯ If medication listed: Parent <u>AND</u> Doctor Signature for administration of medication ◯ Immunizations: <u>MUST WRITE DATES: DO NOT WRITE "SEE ATTACHED"</u> **Adult and Youth required:* ☐ Tetanus (Tdap or DTap) **Youth required:* ☐ Pertussis (Tdap or DTap) ☐ Diphtheria (Tdap or DTap) ☐ Measles/mumps/rubella (MMR or priorix) <u>(NEED TWO DATES)</u> ☐ Polio (IPV or OPV) ☐ Varicella (Chicken Pox) (MMRV, Varivax, VAR, VZV) ☐ Hepatitis B (Hep B) **Youth/adult required ONLY IF at camp longer than 1 week:* ☐ Meningitis (MenACWY)	
	C	◯ Examiners Certification (signature or stamp) ◯ Responses in all fields	
Optional	OTC *(over the counter)*	**For youth to receive OTCs at nurse discretion* ◯ Healthcare Provider Stamp or signature	
	Meningococcal form	**Only required for youth staying more than 1 week* ◯ Box checked ◯ Parent/guardian signature	
	Sunscreen & Bug spray	**For youth to carry & use at camp* ◯ Boxes checked ◯ Parent/guardian signature	
	Insurance Card	◯ Insurance Card attached (front and back)	