

Name: \_\_\_\_\_

Troop: \_\_\_\_\_

	Form	Required Fields	Notes
Required	A	<input type="radio"/> Participant signature <input type="radio"/> Parent/guardian signature <i>*Youth required</i>	
	B1	<input type="radio"/> Name/DOB <input type="radio"/> Address <input type="radio"/> Emergency contact <input type="radio"/> Health History	
	B2	<input type="radio"/> Medication (if applicable) <input type="radio"/> If medication listed: Parent <u>AND</u> Doctor Signature for administration of medication <input type="radio"/> Immunization: Please attach copy <ul style="list-style-type: none"> <li><input type="checkbox"/> Tetanus <i>*Required for all</i></li> <li><input type="checkbox"/> Pertussis <i>*Youth required</i></li> <li><input type="checkbox"/> Diphtheria <i>*Youth required</i></li> <li><input type="checkbox"/> Measles/mumps/rubella <i>*Youth required</i></li> <li><input type="checkbox"/> Polio <i>*Youth required</i></li> <li><input type="checkbox"/> Varicella (Chicken Pox) <i>*Youth required</i></li> <li><input type="checkbox"/> Hepatitis B <i>*Youth required</i></li> <li><input type="checkbox"/> Meningitis (MenACWY) <i>*Youth/adult required only if at camp longer than 1 week</i></li> </ul>	
	C	<input type="radio"/> Examiners Certification (signature or stamp) <input type="radio"/> Responses in all fields	
Optional	OTC <i>(over the counter)</i>	<i>*For youth to receive OTCs at nurse discretion</i> <input type="radio"/> Healthcare Provider Stamp or signature	
	Meningococcal form	<i>*Only required for youth staying more than 1 week</i> <input type="radio"/> Box checked <input type="radio"/> Parent/guardian signature	
	Sunscreen & Bug spray	<i>*For youth to carry &amp; use at camp</i> <input type="radio"/> Boxes checked <input type="radio"/> Parent/guardian signature	
	Insurance Card	<input type="radio"/> Insurance Card attached (front and back)	