CUB DAY CAMP HEALTH FORM ADDENDUM

Name	Date of	f Birth_		F	Pack	
AddressCity/S			tatePhone			
Name of Parent	C	ell pho	ne	Work		
Cub Scout Day Camp Medication	ı Policy					
If your child is an insulin dependen doctor with his "sick plan" to be given				bring a letter t	from the child's	
All medications to be given during by the camp nurse. Any exceptions from the doctor.						
Medications must be in their origina	al containers with the dis	pensing	label	intact.		
Tips to Avoid Common Camp Ai	lments					
The most common health problems sunburns, and heat issues. You can having him get plenty of sleep, pact applying sunscreen. Camp is a bus	prevent some of these is king a nutritious lunch, se	sues by	feedir	g your son a g	good breakfast,	
Permission for Over the Counter	Medications					
I authorize the camp nurse to admir	nister:	Yes	No	Call First	Parent Initial	
For scrapes and Scratches	Antibiotic ointment	105	110	Cuit I iist	1 41 011 1111141	
For insect bites	Anti-itch cream					
For mild headache (can occur with dehydration)	Tylenol Motrin/Advil					
I have read and understand the above	ve policies and information	 on.				
.Parent Signature				Date		