

Name of Scout _____ Troop _____

Medication name/ Strength: _____

Dosage (how many and when?): _____

Quantity sent to camp: _____

Relevant side effects (reactions to food, sun sensitivity, nausea, drowsiness etc.): _____

FOR HEALTH LODGE STAFF ONLY

Time:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast:								
Lunch:								
Dinner:								
Hour of Sleep:								

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This information is confidential and is provided to the Camp Health Officer or designee for the express purpose of helping to ensure a healthy and safe week at Camp Horseshoe. This form may be shared with medical personnel should the necessity arise and will be part of your child's medical records.

Signature of Parent/Guardian _____ Date: _____

Signature of Health Officer: _____ Date: _____

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