

Health Information Form

The form must be completed and given to the leader before the camp. If more space is needed to write, use the back of the sheet.

Personal Information			
Full name of the scout:		Date of birth (dd.mm.yy):	
Address:			
Guardian's name:		Mobile number:	
Guardian's name:		Mobile number:	
Health Information			
Does the scout have any illnesses, challenges or injuries?		Yes/no	
If applicable, which ones:			
Is the scout taking any medications?		Yes/no	
If applicable, which ones, including dosage:			
Does the scout have any known allergies:		Yes/no	
If applicable, which ones, type of reaction and severity:			
Last tetanus vaccination:			
Check the boxes for the medications the scout can receive if needed that are not their own medications			
Paracetamol	Antihistamines (allergy tablets)	Ibux	Imodium
General practitioner (name, office address, phone number)			
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Other information that is important to take care of the scout if something happens			

