

Dietary Requirement and Medical Treatment Form

Please answer the following questions as completely as possible. Leaders who are attending summer camp are also asked to fill out this form, substituting "you" for "your child". Please feel free to attach a separate sheet if more space is needed.

Scout's Name _____

Patrol _____

1. Does your child have a medical condition or food sensitivity that requires a special diet? ___NO ___YES

2. If you answered "yes", to question #1, please describe your child's dietary requirements. Please list any foods or food groups your child specifically *cannot* eat:

3. What specifically happens if your child consumes a food which should not be eaten? Describe symptoms.

5. Please list any allergies to non-food substances (bees, medications, etc.) and your child's type of reaction.

6. Does your child require an EpiPen? ___NO ___YES If so, Under what circumstances should it be used?

7. Does your child require an antihistamine? ___NO ___YES If so, Under what circumstances should it be used and at what dose?

8. Is your child on "Daily" Prescription or Non-Prescription Medication? ___NO ___YES If so, Please list all medications and dosages and intervals.

9. Does your child take "As Needed" Prescription or Non-Prescription Medication? ___NO ___YES, If so, Please list all medications and dosages and conditions under which the medication is to be used.

Parent's Signature _____

Date _____

Please Note: All medications must be submitted to the Troop Medical Designee and then to the Camp Nurse in original containers showing doctor name, patient name, administration instructions and date. All changes to label directions must be directed by a doctor's note. All non-prescription medications must be accompanied by a doctor's note. All new medications not listed on BSA's Annual Medical Form must be accompanied by a doctor's note.