

ACCIDENT/MEDICAL INFORMATION FORM for : _____

MEDICINES									
MEDICINES REQUIRED									
DATE	MED. NAME	TIME REQD	TIME GIVEN	BY	DATE	MED. NAME	TIME REQD	TIME GIVEN	BY
KNOWN ALLERGIES									
ACCIDENTS									
DATE				TIME			REPORTED BY		
DETAILS									
TREATMENT GIVEN									
REPORTED TO									

Parent Signature : _____ Leader Signature: _____

Parent Name (Print): _____ Leader Name (Print): _____

Parent/Guardian Consent Form **The use of Suntan Lotion, Insect Repellent & the Treatment of Insect Bites**

*Consent **NOT** required if already provided/recorded in the medicine section.*

I hereby give my consent to the application of sun protection, should the Scouter in charge of the camp/activity decide that it is necessary.	Parent/Guardian initials or signature
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Date	Time Applied	Description of Treatment	By

I hereby give my consent to the application of insect repellent (e.g. Autan, Jungle Formula, Deet, or similar), should the Scouter in charge of the camp/activity decide that it is necessary.	Parent/Guardian initials or signature
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Date	Time Applied	Description of Treatment	By

I hereby give my consent to the treatment of insect bites/stings (e.g. gnat, wasp, tick, etc), should the Scouter in charge of the camp/activity decide that it is necessary.	Parent/Guardian initials or signature
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Date	Time Applied	Description of Treatment	By