

Emergency Medical Treatment Form for Scouts

Emergency Treatment Release Statement: I hereby authorize the Troop Leadership and/or any licensed physician, Emergency Medical Technician or other qualified hospital personnel to render medical treatment to my son, _____, which, in their judgment, is necessary in the event of illness or injury. I understand that, in all such cases, I will be notified as quickly as possible.

_____ (Signature of Parent or Guardian)

_____ (Date)

Scout's Full Name: _____ Date of Birth: _____

Full Address: _____

Home Phone Number: _____ Family Cell Phone Number(s): _____

Father's Work Number: _____ Mother's Work Number: _____

Additional Permanent Emergency Number: _____

Name of Person at Emergency Number: _____ Relationship to Family: _____

Please list any and all allergies, special medical conditions, special medications or health problems with which personnel caring for your son should be aware:

Please list any and all medications that your son takes on a regular basis. Please include amounts taken, number of daily doses and routine administration times:

Please list any medications that you know of that are contraindicated for medications your son is currently taking on a regular basis? _____

Blood type (if known): _____ Does your son wear contact lenses?: _____ Name of Family Doctor: _____

Office Phone Number: _____ Emergency Phone Number: _____

Medical Insurance Policy Name and #: _____ Emergency (Prior Approvals) Phone #: _____

Name of Family Dentist: _____ Office Phone Number: _____

Emergency Phone Number: _____ Dental Insurance Policy Name and #: _____

Emergency (Prior Approvals) Phone #: _____

The following medications are carried in the First Aid Kits. Please signify your approval to administer these medications to your son based on need and our judgment. Any medication marked "NO" will not be administered. Note: We do use generic products.

MEDICATION	YES	NO	MEDICATION	YES	NO
Advil, Tablets			First Aid Cream (Topical)		
Anti-fungal Powder			Immodium AD, Liquid (Anti-Diarrhea)		
Athlete's Foot, Chafing, Jock-Itch			Immodium AD, Tablets		
Benadryl, Tablets			Lip Balm (Chapstick)		
Benadryl, Topical Cream			Luden's Cough Drops, Lozenges		
Bonine (Motion Sickness), Tablets			Maalox, Tablets		
Chloraseptic, Lozenges			Neosporin, Topical Cream		
Cortaid (hydrocortisone), Topical Cream			Sudafed Tablets		