

Last Name: _____	First Name: _____	<input type="checkbox"/> Staff	<input type="checkbox"/> Leader	<input type="checkbox"/> Camper
Campsite: _____		Pack	Troop	Crew # _____
Dates Attending: _____				

**Part D**

**Connecticut Rivers Council Addendum to Annual BSA Health and Medical Records**

This addendum to the Annual BSA Health and Medical Records is for youths and adults who are participating in a CRC camp program. This is required to meet Connecticut Department of Public Health requirements. Please read and sign the form at the bottom of the page.

**If you disagree with any statements here, please cross out that section and initial it. Explain your wishes in the comment section, attaching an additional sheet if necessary.**

- This medical form is correct so far as I know, and the person named in Part A has permission to **participate in all camp activities** except as noted on the form by me or by the doctor in Part B.
- In case of **accident, injury or illness** while at camp, I hereby give my permission to the doctor selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication.
- I hereby request that the camp's Health Officer administer the **prescription and/or over-the-counter medication(s)** ordered by my child's doctor/dentist. I understand that I must supply the camp with the prescribed medication in the original container as dispensed and properly labeled by a doctor or a pharmacist and will provide no more than is appropriate for my child's camp stay. I understand that this medication will be destroyed if not picked up within one week after my child leaves camp.
- I also give permission for my child to **participate in trips** sponsored by the camp and approved by the adult/unit leader in charge. Examples of these trips are whitewater merit badge, orienteering merit badges or trips for rock climbing or mountain biking.
- I give my permission for the Camp Health Officer to administer over-the-counter medications as directed for conditions as directed by the Camp Physician. Over-the-counter medications may include **WOUNDS:** Betadine, Hydrogen Peroxide, Bacitracin, Antibiotic ointment **POISON IVY:** Tecnu, Benadryl cream **CANKER SORES:** Benzocaine cream **PAIN:** Tylenol, Ibuprofen **DYSMENORRHEA:** Ibuprofen **ABDOMINAL DISCOMFORT:** Tums, Maalox **HEADACHE:** Tylenol, Ibuprofen **HYPOGLYCEMIA:** Glucose Gel, Glucagon **ALLERGIC REACTION:** Benadryl or generic, Epipen **ATHLETE'S FOOT:** Tinactin **INSECT STING/BITE:** Benadryl Cream, Hydrocortisone cream, Caladryl or Calagel, Epipen **TICK BITES:** Alcohol or Hydrogen Peroxide **1st DEGREE BURNS:** Burn Jell, Aloe Spray **EMERGENCIES:** Oxygen. Generics may be substituted.

**This section must be signed to indicate acceptance of conditions above.**

Signature: \_\_\_\_\_ Date Signed: \_\_\_/\_\_\_/\_\_\_  
(Adults over 18 sign here. Parent/Guardian signs for camper.)

Name (print): \_\_\_\_\_

Relationship: \_\_\_\_\_

Comments: