

**Supplemental Medical Screening Questionnaire**  
**This must accompany the BSA medical form for all campers**

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**PART I – TO BE COMPLETED FOR ALL CAMPERS**

NAME: \_\_\_\_\_ AGE \_\_\_\_\_

CAMP: \_\_\_\_\_ CAMPSITE: \_\_\_\_\_ UNIT \_\_\_\_\_

Do you have any medicine, food, or environmental allergies? If so, please list them?  
NO YES (please list)

Are you taking any medications prescribed by a doctor? If so, please list them below:  
NO YES (please list and continue on back if necessary)

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

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**PART II – TO BE COMPLETED BY UNIT LEADER OF SCOUTS UNDER 18**

As the adult unit leader for the Scout named above, I recognize that he is currently taking the medication(s) listed above. I agree to take responsibility for these medications, including locking them for storage, and making certain that the Scout takes them as prescribed.

X \_\_\_\_\_ Date \_\_\_\_\_

If desired, medication can be stored and locked (refrigerated if necessary) in the camp Program Hall. In this case, medication will be issued only to the unit leader for administration.

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**PART III – TO BE COMPLETED BY PARENT/GUARDIAN OF SCOUTS UNDER 18**

Which of the following over-the-counter medications do you give permission for Health Services to administer to your child, should they be needed throughout the week? All medications will be dosed according to package instructions for his age (please circle):

- |                                   |                                  |
|-----------------------------------|----------------------------------|
| acetaminophen (Tylenol) YES NO    | ibuprofen (Advil/Motrin) YES NO  |
| diphenhydramine (Benedryl) YES NO | pseudoephedrine (Sudafed) YES NO |
| Pepto-Bismal YES NO               | TUMS YES NO                      |
| Maalox YES NO                     | Milk of Magnesia YES NO          |
| loperamide (Imodium AD) YES NO    | Robitussin YES NO                |
| tolnaftate (Tinactin) YES NO      | Oragel YES NO                    |

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR MEDICAL STAFF USE ONLY:** Screening date: \_\_\_\_\_ Screener's initial's \_\_\_\_\_  
Meds stored in camp: