

# SciWorks

## Medical Information and Emergency Authorization

Scout's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Attending with Troop/Pack/Den: \_\_\_\_\_ Scout Leader: \_\_\_\_\_

Brownie \_\_\_ Junior \_\_\_ Tiger \_\_\_ Wolf \_\_\_ Bear \_\_\_ Webelos \_\_\_



List all medical conditions or allergies (including food allergies) of your child:

\_\_\_\_\_

\_\_\_\_\_

List all medications that your child is currently taking:

\_\_\_\_\_

\_\_\_\_\_

Physician or Pediatric Group: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred hospital (choice may be determined by responsible emergency personnel):

\_\_\_\_\_

In case of emergency and a parent can not be reached, please list a friend or relative that would be available during camp-in hours.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_



**In the event of an emergency, I authorize SciWorks to seek appropriate medical attention for my child, including the right to authorize medical treatment in my absence. I understand that I am financially responsible for all medical services.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_