

Troop 681 Emergency Medical Treatment Form for Scouts

Emergency Treatment Release Statement: I hereby authorize the Troop Leadership and/or any licensed physician, EMT or other qualified hospital personnel to render medical treatment to my son _____ that, 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: _____

Father's Work Number: _____

Mother's Work Number: _____

Additional Permanent Emergency Number: _____

Name of person to contact at this latter number: _____

Relationship to Family: _____

Please list any and all allergies, special medical conditions, special medications or health problems with which Troop 681 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:

Are there 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 Number: _____

Emergency (or Prior Approvals) Phone Number: _____

Name of Family Dentist: _____

Office Phone Number: _____

Emergency Phone Number: _____

Dental Insurance Policy Name and Number: _____

Emergency (or Prior Approvals) Phone Number: _____

The following medications are carried in the Troop 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 that we do use generic products.

MEDICATION	YES	NO
Advil, Tablets		
Analgesic Cream Rub (Topical, Aspirin Free)		
Anti-fungal Powder		
Benadryl, Tablets		
Benadryl, Topical Cream		
Bonine (Motion Sickness), Tablets		
Chloraseptic, Lozenges		
Cortaid (Hydrocortisone), Topical Cream		
First Aid Cream (Topical)		
Immodium AD, Liquid (Anti-Diarrhea)		
Immodium AD, Tablets		
Lip Balm (Chapstick)		
Luden's Cough Drops, Lozenges		
Maalox, Tablets		
Neosporin, Topical Cream		
Sudafed Tablets		