

Camp Conestoga

Medical and Health History Record

(Note: This form is needed in addition to the Medical Examination Form that was prepared by your doctor)
(UNIT LEADERS, Place this on top of the Medical form.)

Scout _____ Scout-Leader _____

Campsite _____ Troop # _____

Food Allergies

Previous Health Problems

Medications to Be Taken at Camp

Type

Time

Emergency Phone Numbers of Parent / Guardian

Doctor's Name _____

Doctors Phone (_____) _____

Is your Health Insurance listed as an HMO Plan?

If so, what procedures must be followed before care is given? (phone calls, referrals, etc.?)

Other information?

To help check in on Sunday flow smoothly, we are asking each Troop Leader to complete this health review sheets for each scout. Please have the Scouts' health forms together with this form. We will need to see the forms and go over the Scouts' health with each of them. It is important to include the information for each Scouts' parents' medical plan, especially those insured by any type of HMO.