

Any allergy to medications, food, insect bites, etc.?

Are there any medical conditions that we should be made aware of? _____

Does your youth take any medications routinely? _____ If yes, list the name of medication and dosage schedule below.

DAILY MEDICATIONS, TO BE TAKEN ON TRIPS:

Medication	Times

Does your youth know his/her medication schedule? _____

Is your youth responsible for taking his/her medication on his/her own? _____

If needed, do the leaders have permission to give over the counter Tylenol, aspirin, etc. for headaches, fever, muscle soreness? _____

Home address:

Street _____

City, State, Zip Code _____

Email of Father: _____

Email of Mother: _____