International Camporee Medical Information Form

Parent/Guardian, please fill out this form and give it to your child’s Pathfinder Club Director.

NAME:

Pathfinder Club:

Club Sponsor Emergency Contact:

Allergies:

Medications:

Surgeries/Past Medical History:

EMERGENCY CONTACT:

Name:

Phone # work, home or cell (circle one):

Phone # work, home or cell (circle one):

Date of Birth: