## 2024 BTP International Camporee Medical Volunteer Information Form

NAME	Date of Birth
Pathfinder Club (if staying with one)	
Emergency Contact	Cell Phone Number
Allergies	
Medications	
Surgeries/Past Medical History	
EMERGENCY CONTACT:	
NAME	Relationship
Phone # (work or home or cell) Circle one	
Phone # (work or home or cell) Circle one	
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