

2024 International Camporee Medical Information Form

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

NAME

Date of Birth

Pathfinder Club

Club Sponsor 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

I consent for treatment by Camporee medical team and/or transport to local healthcare facility as needed.

Leaders – please make several copies and keep one with each club sponsor.
2024 BTP Camporee – Medical Information Form 7.21.24