GREATER PITTSBURGH COUNCIL **BOY SCOUTS OF AMERICA**

HERITAGE RESERVATION
Supplemental Medical Screening Questionnaire
This must accompany the BSA medical form for all campers

PART I – TO BE COMPLETED FOR ALL CAMPERS

NAME: _____ AGE _____

CAMP: _____ CAMPSITE: _____ UNIT _____

Do you have any medicine, food, or environmental allergies? If so, please list them?
NO YES (please list)

Are you taking any medications prescribed by a doctor? If so, please list them below:
NO YES (please list and continue on back if necessary)

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

PART II – TO BE COMPLETED BY UNIT LEADER OF SCOUTS UNDER 18

As the adult unit leader for the Scout named above, I recognize that he is currently taking the medication(s) listed above. I agree to take responsibility for these medications, including locking them for storage, and making certain that the Scout takes them as prescribed.

X_____ Date _____

If desired, medication can be stored and locked (refrigerated if necessary) in the camp Program Hall. In this case, medication will be issued only to the unit leader for administration.

PART III – TO BE COMPLETED BY PARENT/GUARDIAN OF SCOUTS UNDER 18

Which of the following over-the-counter medications do you give permission for Heritage Reservation Health Services to administer to your son, should he need them throughout the week? All medications will be dosed according to package instructions for his age (please circle):

acetominophen (Tylenol) YES NO
ibuprofen (Advil/Motrin) YES NO
diphenhydramine (Benedryl) YES NO
pseudoephedrine (Sudafed) YES NO
Pepto-Bismal YES NO
TUMS YES NO
Maalox YES NO
Milk of Magnesia YES NO
loperamide (Imodium AD) YES NO
Robitussin YES NO
tolnaftate (Tinactin) YES NO
Oragel YES NO

Parent's Signature _____ Date _____

FOR MEDICAL STAFF USE ONLY: Screening date: _____ Screener's initial's _____
Meds stored in camp: