

**Purpose:** This sheet gathers important information about a Frontiers Camper's medical history, necessary permissions and other information onto one (vice multiple) sheets, making the administration of a large provisional camp more efficient. Please fill in every section, and **bring this sheet to camp with you.** **Do not send it to the Council Service Center.** Thanks. (If necessary add a sheet of paper for explanations, comments or descriptions.)

1. Does this camper have any **restrictions (allergies, etc.) with regards to food?** If so, please describe on the other side of this sheet.

Yes  No

2. I authorize the adult leaders of Green Mountain Council Frontiers Camp to give my son **"over the counter"** medications (such as "Tylenol").

Yes  No \_\_\_\_\_(initials required)

3. Does this camper have any **medical restrictions:** (If so, please describe on other side of this page).

Yes  No

4. Will this Scout be **departing early** (prior to the Closing Ceremony) from Frontiers Camp? Please explain on reverse side.

Yes  No

5. This camper has my permission to participate in the camp **Shooting Sports Program** (rifle, shotgun, archery and/or black powder rifle).

Yes  No \_\_\_\_\_ (initials required)

6. Parent/Guardian's Signature: \_\_\_\_\_(Date)\_\_\_\_\_

7. HMO Provider \_\_\_\_\_ Acct. Number \_\_\_\_\_

8. **Contact Information:** The Frontiers Camp Staff must be able to contact an adult member of your family during the entire period of camp. Contact may be required to obtain transportation for non-medical emergencies or other camp related purposes. Thank you.

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Day Telephone: \_\_\_\_\_

Day Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Other Contact/Phone \_\_\_\_\_

Scout's Name: \_\_\_\_\_

Camp Name: \_\_\_\_\_ Year Group: \_\_\_\_\_