

**Simon Kenton Council/Tri-Creek District Day Camp 2008
Tot Lot Application and Health Form**

What **PACK** is Tot associated with? _____

What **District** is Tot associated with? _____

Circle dates your Tot will attend day camp in the Tot Lot: 6/24 6/25 6/26 6/27

Cost of care is \$6 per day (includes snacks, activities and t-shirt.) List your cost here --->

Circle size (XS, S, M, L, XL)

TOT's Name: _____

What Scout/Scouter is Tot associated with? _____

Tot's age as of May 31, 2008: _____ **Grade** attending in September 2008: _____

Mailing Address: _____

City: _____ **State** _____ **Zip:** _____

Parents Name: _____ (H) Phone: _____ (Work) _____

Parents Name: _____ (H) Phone: _____ (Work) _____

EMERGENCY PHONE CONTACTS

_____ Phone: _____ **And/Or**

_____ Phone: _____

-----**SPECIAL INSTRUCTIONS**-----

Family Doctor _____ Phone: _____

Family Dentist _____ Phone: _____

Preferred Hospital _____

HEALTH HISTORY Does Scout have any Health Problems (write Yes/No) ----->

Asthma? _____ Anaphylaxis? _____ Convulsions? _____ Diabetes? _____

Environmental Allergies? _____ Fainting? _____ Food Allergies? _____ Heart Disease? _____

Other? _____

Difficulty with: Eyes? ___ Nose? ___ Throat? ___ Lungs? ___ Digestion? ___

Will Scout be bringing Medication to Camp (write Yes/No)? ----->

Describe Medication / Dosage: _____

I/we give permission to the camp health director to give medication as listed above and understand that all medication must be secured at the camp office: yes / no (circle one) -

-----**PARENT AUTHORIZATION**-----

This health history is correct and complete to my/our knowledge, and the person described on this application is able to participate in all activities except as noted by me/us and the physician. In the event of an emergency in which the above-named becomes ill or injured and I/we cannot be reached, I/we give permission to the physician selected by the adult leader in charge, to transport, hospitalize, secure proper anesthesia, or to order injection or surgery for the above applicant.

Parent Signature(s): _____ **Date:** _____

Mail Forms to: Simon Kenton Council
1901 E. Dublin-Granville Rd.
P.O. Box 29207
Columbus, Ohio 43229

Parents: Please complete all information on this form and sign above.

Total all costs (checks payable to SKC Tri-Creek Day Camp) and attach to form.