

TAG-A-LONG REGISTRATION FORM



Cub Scout Day Camp 2017

Camp Location: _____

DISTRICT:

PACK #:

PACK DAY CAMP COORDINATOR:

Child's Name _____

Parent/Guardian _____

Address _____

City/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Tag-a-long registration form **must be turned in to your Pack Coordinator**, along with your other registrations.

Tag-a-Long child care is for the benefit of Camp staff Volunteers only on the day(s) they serve.

Tag-a-longs must be 2-6 years old, potty trained, and not on bottles in order to qualify.

Please indicate days Tag-A-Long will be at camp. There is a charge of \$5 per day for Tag-A-Longs.

Monday Tuesday Wednesday Thursday Friday

Individual Health Information

Child's Birth Date _____

Have or subject to: (check if yes) Asthma Fainting Spells Convulsions Diabetes Insect Bites
 Swimming or sport restrictions Heart trouble Allergies or reaction to any medication, food, or other

Other _____ Describe _____

Check here if none of the above applies.

Have Difficulty with: (check if yes) Eyes Ears Nose Throat Lungs Digestion

Any condition now requiring regular medication?

Name of Medication _____

Is the medication with the individual? Yes / No

If no, who has it? _____

Any restrictions of activity for medical reasons?

Explain: _____

PARENT AUTHORIZATION (For Tag-A-Longs) This health history is correct so far as I know, and the person herein described has permission to engage in all Tag-A-Long prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, to secure proper anesthesia, or to order injection or surgery for this individual.

Signature _____ Date _____

Parent or Guardian