

2019 Chosen 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