

Part D: Camp Seton - Greenwich Council, BSA Addendum**Full Name:** _____ **Date:** _____

This addendum to the Annual BSA Health and Medical Records is for youth and adults who are participating in programs at Camp Seton. This is required to meet Connecticut Department of Public Health requirements. Please read and sign the form at the bottom of the page.

If you disagree with any statements here, please cross out that section and initial it. Explain your wishes in the comment section, attaching an additional sheet if necessary.

- This medical form is correct so far as I know, and the person named in Part A has permission to participate in all camp activities except as noted on the form by me or by the doctor in Part C.
- I give my permission for the Camp Health Officer to administer over-the-counter medications as directed for conditions as directed by the Camp Physician.

Over-the-counter medications may include:

- WOUNDS: Hydrogen Peroxide, Neosporin, Bacitracin
- POISON IVY: Tecnu, Benadryl cream
- PAIN: Tylenol, Ibuprofen
- ABDOMINAL DISCOMFORT: Tums, Maalox
- EYE IRRITATION - Saline eye drop, Visine
- HEADACHE: Tylenol, Ibuprofen
- ALLERGIC REACTION: Benadryl or generic, Epipen
- INSECT STING/BITE: Benadryl Cream, Hydrocortisone cream, Caladryl or Calagel, Epipen
- TICK BITE Alcohol or Hydrogen Peroxide
- BURNS: Burn Gel, Aloe Spray
- SUNBURN PREVENTION: Sunblock

Generics may be substituted.

This section must be signed to indicate acceptance of conditions above.

Signature: _____ **Date:** _____

(Adults over 18 sign here. Parent/Guardian signs for camper.)

Name (print): _____ **Relationship:** _____

Comments: