

SciWorks™



The Science Center and Environmental Park of Forsyth County

Medical Information and Emergency Authorization

Scout's Name: _____ Date of Birth: _____

Parent's Name: _____ Phone #: _____

Address: _____

City: State: _____ ZIP: _____

Attending with Troop/Pack/Den: _____ Scout Leader: _____

Brownie _____ Junior _____ Tiger _____ Wolf _____ Bear _____ Webelos _____



List all medical conditions or allergies (including food allergies) of your child: _____

List all medications that your child is currently taking: _____

Physician or Pediatric Group: Phone #: _____

Preferred hospital (choice may be determined by responsible emergency personnel):

In case of emergency and a parent can not be reached, please list a friend or relative that would be available during camp-in hours.

Name: _____ Phone #: _____



In the event of an emergency, I authorize SciWorks to seek appropriate medical attention for my child, including the right to authorize medical treatment in my absence. I understand that I am financially responsible for all medical services.

Signature: _____ Date: _____

** Permission to print any needed copies.*