

Troop Number: \_\_\_\_\_  
Camp Dates: \_\_\_\_\_

Number of Adults: \_\_\_\_\_  
Number of Girls: \_\_\_\_\_

First Name	Last Name	Grade in the Fall	Health History	Medication Log	Medications in original container in a Ziploc	EPI-Pen Authorization	Dietary Needs
<b>ADULTS ATTENDING</b>							
		NA					
		NA					
		NA					
		NA					
		NA					
		NA					
		NA					
<b>GIRLS ATTENDING</b>							



GIRLS ATTENDING CONTINUED							
First Name	Last Name	Grade in the Fall	Health History	Medication Log	Medications in original container in a Ziploc	EPI-Pen Authorization	Dietary Needs

