Medical Alert

Name _____ Troop# _____ Campsite _____

Circle Conditions that Apply	Food Allergy	Diabetic
	Low Salt Diet	Low Sugar Diet
Learning Disabled / ADD / Ritalin	Heart Problems	Suffers Seizures
Physical Activity Limitations	Severe Allergic Reactions	Needs assistance with walking
Hearing or Vision Problems	Severe Asthma	

Please describe the diet, special actions, or other details our staff may need to know.

Please turn this form in at the Week-before-camp meeting if this person's needs require food ordering or other special arrangements.