## Pixie Camp Etowah District Day Camp

Application/Health Information Form Mecklenburg County Council – Boy Scouts of America

(FOR CAMP USE ONLY) Parent Assignment	
Shirt Size	

## The Pixie Camp fee, \$20, includes (1) t-shirt and program supplies.

Pixies can be at camp any day a parent/guardian is serving	g on camp staff.			
Pixie Camper's Name	Aş	ge: Date of Birth:	Gender: M F	
Address:				
Parent's Name:	Phone # (D) _	(E)		
T-shirt size? Youth Small Youth Medium Youth Large	Adult Small	Additional T-Shirts	@ \$5.00 = \$	
Days Pixie Camper attending: ☐M ☐Tu ☐W ☐Th	□F			
IN CASE OF EMERGENCY, NOTIFY:				
Name:		Parent: 🗖 Guardia	n: 🗖	
Phone: (Home) (Day)		(Mobile)		
Other Instructions:				
Family Physician:	Phone:			
Parents Staff Assignment:  Any Special needs or handling?				
All medications must be given to camp First Aid Director IN ORIGINAL CONTAINER with instruction for dispensing.				
This application must be accompanied by a BSA health form with Parts A and B complete and a copy of the insurance card.				
AUTHORIZATION OF NATURAL PARENT/LEGAL GUARDIAN: This application is correct to my knowledge, and the person described has my permission to engage in all activities, except as noted by the doctor and me. In the event that I cannot be reached in an emergency, I hereby give permission to the doctor, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for the camper named above.				
Signature:		Date:		