



MEDICAL INFORMATION FORM

Name of Scout's medical insurance company:

Policy Number:

Name of Insured:

Name and cell phone number of emergency contact:

Please list any allergies and medical conditions, and note whether they may impair the Scout's ability to participate in these projects:

Please include any other information necessary for medical personnel in event of an emergency:

I grant permission for {troop leader}, emergency personnel, or agents of Winthrop University to provide emergency medical treatment to {Scout's name} in the event of injury or illness while participating in Scout projects at Winthrop University:

Parent/Guardian signature

Date

Please return to:
Scout Projects at Winthrop University
College of Arts and Sciences
107 Kinard Hall
Winthrop University
Rock Hill, SC 29733

