

PHILMONT MEDICAL FORM ADDENDUM FOR: _____
(Scout's Name)

TO PARENT: Please complete the section below for additional medical information not on the Philmont Medical Record.

Have you had or do you currently experience the following:
(Answer "yes" or "no". If yes, provide details.)

Suffer from nose bleeds and/or bleeding disorders _____

Altitude Sickness _____

Neurological Disorders _____

Allergic to any medication, food, plant, animal, or insect toxin _____

Convulsions _____

Have difficulty with sleep walking _____

Any conditions that may require special care, medication, or diet _____

Wear Contact Lenses or Hearing Aid: _____

Any other medical problem the Philmont Leaders should know about:

Date: _____ Parent/Guardian Signature: _____