TROOP MEDICAL SPECIAL NEEDS ROSTER
HALE SCOUT RESERVATION

Please list all Scouts & leaders including special needs:

- **Requiring specific medical treatments while in camp**
- **Requiring special medical equipment**
- **Requiring injections while in camp with extreme reactions to specific allergies**

TROOP NUMBER _____

CAMP WEEK _____

COUNCIL _____

NAME	SPECIAL NEED	MEDICAL DIREC-TOR CHECK	CAMP DIRECTOR CHECK

Turn this roster in with physicals at camp check-in