

ALLERGY FORM – 2024

Scout's Name: _____

Does your daughter have any allergies? Yes (continue below) No (turn in form as marked)

MEDICATIONS

Medication	Reaction	Treatment

INSECTS

Insect	Reaction	Treatment

OTHER ALLERGIES (i.e. chemicals, latex, plants, animals)

Allergen	Reaction	Treatment

Please complete and return at the General Meeting on January 13, 2024