

# Camp Cedars 2024 Health Form Pre-Camp Submission

\*Required field

*This form is for Camp Cedars Scouts BSA Resident Camp ONLY. Do NOT send health forms for Cubs attending Camp Amikaro.*

\*Unit Number \_\_\_\_\_ \*District \_\_\_\_\_ \*Council \_\_\_\_\_

\*Week attending Camp Cedars \_\_\_\_\_

\*Contact Name \_\_\_\_\_

\*Contact Phone Number \_\_\_\_\_

\*Contact Email \_\_\_\_\_

Date Mailed \_\_\_\_\_

**Names of Health Forms Included (you may attach camp/ unit roster):**

For Office Use Only:

Date Received \_\_\_\_\_

Received By \_\_\_\_\_