

Camper Identification Card

Name _____ Troop # _____

Address _____ City _____

*Attach Current
Photo Here*

State _____ Zip _____

Date of Birth _____ Date of Photo _____

Race _____ Sex _____ Eye Color _____ Height _____ Hair Color _____

Identifying Marks _____

Mother's Name _____ Home # _____ Work/Cell # _____

Address _____ City _____ State _____ Zip _____

Father's Name _____ Home # _____ Work/Cell # _____

Address _____ City _____ State _____ Zip _____

Nearest Relative _____ Home # _____ Work/Cell # _____

Medications _____

Illnesses and/or Allergies _____

Additional Information _____

