Class 1 Personal Health and Medical History

(To be filled out annually by all participants)

Recent Picture of

Cub Scout/Scout/Adult
OPTIONAL

To be filled out by parent, guardian or adult participant.
Please print in ink.

Name _____
Date of Birth _____ Age _____ Sex _____
Name of parent or guardian _____
Home Ph# _____ Work Ph# _____
Cell Ph# _____ Beeper # _____
Home address _____ City _____
Business address _____ City _____

If person named above is not available in an emergency, notify:

Name _____ Relationship _____ Home Ph# _____ Wk Ph# _____
Name _____ Relationship _____ Home Ph# _____ Wk Ph# _____
Name _____ Relationship _____ Home Ph# _____ Wk Ph# _____
Name of personal physician _____ Ph# _____
Personal health/accident insurance carrier _____ Policy # _____

I give permission for full participation in BSA programs, subject to limitations noted herein.
In case of emergency, I understand every effort will be made to contact me (my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child or my self.

Date: _____ Signature of parent/ guardian or adult _____
Some hospitals require the signature to be notarized. Check with your local hospital and/doctor.

Check all items that apply, past present, to your health history. Explain any "YES" answers,
Allergies: Food, medicines, insects, plants YES ____ NO ____ Explain _____

General Information:	YES	NO		YES	NO		YES	NO
ADHD (attention-Deficit	____	____	Seizures	____	____	Heart trouble	____	____
Hyperactivity Disorder)	____	____	Convulsions	____	____	High Blood Pressure	____	____
Asthma	____	____	Diabetes	____	____	Kidney Trouble	____	____
Cancer/ leukemia	____	____	Hemophilia	____	____	Handicapping condition	____	____

Explain: _____

Medications to be taken at camp: _____

List any physical, mental, emotional, or behavioral conditions that may affect or limit full participation in swimming, hiking, or engaging in strenuous physical activity:

_____

List any equipment needed such as wheelchair, braces, glasses, contact lenses, etc:

_____

Immunizations: (give date of last inoculation)

Tetanus Toxoid	_____	Measles	_____	Polio	_____
Diphtheria	_____	Mumps	_____	HIB	_____
Pertussis	_____	Rubella	_____	HBV	_____

My son may leave camp with the following people:

1. _____ 2. _____
3. _____ 4. _____