

PERSONAL HEALTH & MEDICAL RECORD

Class 1 (update annually for all participants). Current personal health and medical summary (history) is attested by parents to be accurate. Anyone participating in Day Camp must complete this health form. This includes younger siblings visiting Day Camp, (babies/ toddlers coming with adult leaders to Day Camp), Den & Pack Leaders, Day Camp Staff, and other BSA Officials and volunteers.

TO BE FILLED OUT BY PARENT OR GUARDIAN FOR CUB SCOUT, AND ALL ADULT PARTICIPANTS. PLEASE PRINT IN INK

This form is for (check one) Tiger Wolf Bear Webelos Den Chief
 Den/ Pack Leader Parent/Relative BSA Volunteer Other

NAME _____ D.O.B _____ GENDER (circle): Male / Female

NAME OF PARENT/GUARDIAN _____ TELEPHONE _____

HOME ADDRESS _____ CITY/STATE _____ ZIP _____

CELL/WORK PHONE # _____ DEN LEADER _____ DL PHONE# _____

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

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Personal Physician _____ Telephone _____ Insurance Co./Policy# _____

IF AN ADULT: 1) Are you First Aid certified? **Y N** 2) CPR certified? **Y N**

Check all items that apply, past or present, to your health history. Please explain any "Yes" answers.

General Information	Yes	No	Yes	No	Yes	No		
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Convulsion/Seizure	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
ADD or ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Current on immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain: _____

ALLERGIES: Food, medications, insects, plants, etc. Yes No Explain: _____

List any medications or herbs you are currently taking: _____

List any medications & dosage to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc. _____

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

I hereby grant permission to the Snake River Council and local media to photograph my child for the use of promoting Day Camp and Cub Scouting without further consideration, and I acknowledge the BSA will treat the photograph at its discretion. YES NO

Date _____ Signature of Parent/Guardian _____

FOR COUNCIL USE ONLY:

NAME _____ HEALTH CONDITION _____ UNIT# _____