

NAME _____ AGE _____ TROOP/CREW NO. _____

ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

IN CASE OF EMERGENCY – NOTIFY:

NAME _____ RELATIONSHIP _____

PHONE _____ or PHONE _____

PHYSICIAN _____ PHONE _____

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HEALTH HISTORY

You may use the back to explain any conditions

ASTHMA FAINTING SPELLS CONVULSIONS DIABETES (INSULIN)

HEART TROUBLE HIGH B/P RESPIRATORY ILLNESS OTHER _____

ALLERGY TO:

FOOD _____

INSECT _____ PLANT _____

DRUG _____

REGULAR / EMERGENCY MEDICATION(S) _____

DO YOU HAVE THIS WITH YOU? Yes No Not Applicable

ANY RESTRICTION OF ACTIVITY FOR MEDICAL REASONS? Yes No

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ADULT/PARENT AUTHORIZATION: This information is correct so far as I know, and the person described is able to participate in all Lodge activities, except as noted and 1) I give permission to use any photos made at Lodge/Section events for promotion of the Lodge/Section through various media and 2) In the event I cannot respond, (or cannot be reached if I am the parent) in an emergency, I hereby give my permission to the physician, selected by the leader in charge, to hospitalize, secure proper anesthesia, or order injection or surgery for the above participant.

Signature of participant: _____ Date _____

Signature of parent/guardian: _____ Date _____

Medical Insurance: _____ Policy # _____