

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/guardian) in an emergency by reason of accident, illness or injury, I hereby give my permission to the physician, selected by the leader in charge, to provide any character of medical treatment deemed necessary, including hospitalization, anesthesia, injection, surgery and all diagnostic procedures or drugs related thereto for the above named participant.

Signature of participant: \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_