

BLACKHAWK AREA COUNCIL PERSONAL HEALTH and MEDICAL RECORD Cub Scout and Webelos Scout Day Camp

Current personal health and medical summary (history) is attested by parents to be accurate.
This form is filled out by parent, guardian, or adult participants and is on file for easy reference.
Please print legible and in ink. Thank you.

IDENTIFICATION			
Name: _____	Date of Birth: _____	Age: _____	
Name of parents or guardians: _____		Phone#: _____	
Home Address: _____	City: _____	State: _____	Zip: _____

Person named above is not available in the event of an emergency, notify:

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name of personal physician: _____ Phone#: _____

I give permission for full participation in Cub Scout Day Camp, subject to limitations noted herein.	
IN CASE OF AN EMERGENCY , I understand every effort will be made to contact me (if participant is an adult, 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 for me, if participant is an adult).	
Date: _____	Signature of parent/guardian or adult: _____

Check all items that apply, past or present, to your health history. Explain any "yes" answers.

ALLERGIES: Food, medicines, insects, plant: Yes ___ No ___ **ACTIVITY RESTRICTIONS:** Yes ___ No ___

RECENT ILLNESS OR INJURY: Yes ___ No ___

Explain: _____

GENERAL INFORMATION:

	YES	NO		YES	NO		YES	NO
ADHD-Attn. Deficit Hyperactivity Disorder			Convulsions/Seizures			Hemophilia		
Asthma			Heart Trouble			High Blood Pressure		
Fainting			Diabetes			Kidney Disease		
Explain: _____								

List any medications to be taken at camp: _____

Condition: _____ Dosage: _____ Take at: _____

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

Date of last tetanus shot _____

RANK (IN FALL) for CAMP: ___ Tiger ___ Wolf ___ Bear ___ Web1 ___ Web2 ___ Wee Camp
___ Adult (over 18 years) ___ Jr. Staff (14 years-18 years) ___ Runners (under 14 years)

*** I authorize use of any photos taken of myself or son, during day camp to be utilized for Blackhawk Area Council, BSA promotional materials/website usage.

Date: _____ Signature of parent/guardian or adult: _____

Name _____ Pack# _____ Camp Attending _____
 May release this scout to: _____
 T-shirt Order: (circle one) Yth 6 - 8 Yth 10-12 Yth 14-16 Adult Sm Adult M Adult L Adult XL Adult 2XL Adult 3XL