

PERSONAL HEALTH AND MEDICAL RECORD KUSKITANNEE LODGE 168

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 _____
 Telephone _____
 Home address _____ City _____
 State _____ Zip _____
 If person named above is not available in the event of an emergency, notify
 Name _____ Relationship _____
 Telephone _____
 Name of personal physician _____
 Telephone _____
 Personal health/accident insurance carrier _____
 Policy No. _____

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 (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, plants Yes ____ No ____

Explain if you have allergies: _____

GENERAL INFORMATION: Write yes or no in the blank. Explain all yes answers

	Yes or no		Yes or no		Yes or no
ADHD (Attention-Deficit Hyperactivity Disorder)		Convulsions/seizures		Hemophilia	
Cancer/leukemia		Kidney disease		Asthma	
High blood pressure		Heart trouble		Diabetes	

Explain:

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: _____

List any medications 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.:

Limitations

Activity restrictions

Diet restrictions
