

# 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.

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

If the 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.	
<b>IN CASE OF AN EMERGENCY</b> , 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		
Other (Explain below)								
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 \_\_\_\_\_ **CPR TRAINED:** Yes \_\_\_ No \_\_\_

**GRADE IN THE FALL:** \_\_\_ 1st \_\_\_ 2nd \_\_\_ 3rd \_\_\_ 4th \_\_\_ 5th

\_\_\_ Wee Camp \_\_\_ Adult (over 18 years) \_\_\_ Jr. Staff (14 years-18 years) \_\_\_ Runners (under 14 years)

**ADULT/JR STAFF/ RUNNERS:** Please circle days attending camp: **Mon Tues Wed Thurs**

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

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

T-shirt Order: (circle one) Yth 10-12 Yth 14-16 Adult Sm Adult M Adult L Adult XL Adult 2XL Adult 3XL

May release this scout to: \_\_\_\_\_

Name \_\_\_\_\_ Pack# \_\_\_\_\_ Camp Attending Hide A Way Park