

HEALTH INFORMATION FOR CUB SCOUTS/ADULTS



Name _____ Age _____ Pack No. _____
Address _____ Camp _____ Date _____
City _____ State _____ Zip _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship: Parent Guardian
Other _____

Address _____

Phone _____ Other Instructions _____
Area Code and Number

Cell Phone _____ 2nd Cell Phone _____
Area Code and Number Area Code and Number

Family Physician _____ Phone _____

Insurance Company _____ Policy # _____

HEALTH HISTORY

Have or subject to: (check if yes)

- Asthma
- Fainting Spells
- Convulsions
- Swimming or sport restrictions
- Diabetes
- Heart Trouble
- Allergies or reaction to any medication, food, or other
- Other _____ Describe _____
- Check here if none of above applies
- Physical Handicap _____

Have difficulty with: (check if yes)

- Eyes
- Ears
- Nose
- Throat
- Lungs
- Digestion
- Any condition now requiring regular medication? _____ Name of medication _____
- Is medication with? If not, who has it? _____
- Any restriction of activity for medical reasons? _____ Explain: _____

IMMUNIZATIONS: Please write the **date** of last inoculation or disease:

- *Tetanus Toxoid _____
- Polio _____
- Mumps _____
- Diphtheria _____
- Pertussis _____
- Measles _____
- Chicken Pox _____
- Rubella _____

*** Mandatory immunization within 10 years**

ADULT PARTICIPANT SIGNATURE _____

OR

PARENT AUTHORIZATION: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son. I hereby release all pictures of my child taken by the Northern Star Council camp staff for promotional purposes and programming materials including the Northern Star Council website.

Parent or Guardian Signature _____ Date _____

Family Health Insurance Company: _____ Policy Number: _____

<p>Minnesota State Law requires written permission from a minor's parent or guardian in order to shoot a BB gun.</p> <p><input type="checkbox"/> I authorize my son to shoot BB guns under the supervision of trained camp staff.</p> <p>Parent or Guardian Signature _____ Date _____</p> <p><input type="checkbox"/> I do not authorize my son to shoot BB guns.</p>
