Northern Star Council/ BSA

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

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.

Parent or Guardian Signature________________ Date________________

Family Health Insurance Company: ________________ Policy Number:________________

Minnesota State Law requires written permission from a minor's parent or guardian in order to shoot a BB gun.

❑ I authorize my son to shoot BB guns under the supervision of trained camp staff.

Parent or Guardian Signature________________ Date________________

❑ I **do not** authorize my son to shoot BB guns