

Name

District

Unit #

NO SCOUT WILL BE PERMITTED TO REMAIN AT CAMP UNLESS A COPY OF THIS CLASS 1 FORM IS ON FILE IN THE HEALTH LODGE

CAMP CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

Heart of America Council, Boy Scouts of America



Scout's Name Social Security # Date of Birth Unit #

Name of parent or guardian Telephone Number

Home Address City State Zip

Cell Phone Number Email Address

In the event the person named above cannot be reached in an emergency, please attempt to notify: Name Relationship Telephone #

Name of personal physician Telephone # Personal health/accident insurance carrier Policy #

Allergies to medications (specify): Describe the allergy

Allergies to any other substance (specify): Describe the allergy

MEDICAL HISTORY (Check yes if past history or present problem)

Table with medical conditions: ADHD, Asthma, Cancer/Leukemia, Convulsions/Seizures, Diabetes, Heart Problem, Bleeding Disorder, High Blood Pressure, Kidney Disease, Other.

Date of last Tetanus immunization or booster

List any other physical or behavioral condition that may affect or limit full participation in swimming, backpacking, hiking long distance, or playing strenuous games.

List any special equipment this Scout requires (wheelchair, brace, glasses, contact lenses, etc.)

YEAR 2008 COMPLETE THIS SECTION ONLY DURING THE YEAR 2008

Table with columns: MEDICATIONS TO BE TAKEN, DOSE, HOW OFTEN

Additional medical information

I give permission for full participation in BSA programs, subject to the limitations noted herein. In case of emergency, I understand that every effort will be made to contact me.

I acknowledge the privacy policies of the Heart of America Council, BSA and understand that medical information related to illnesses or injuries sustained while participating in Scouting activities may be released to unit leaders, camp administration and health care insurance companies, on an as needed basis, to facilitate treatment or billing.

I hereby consent that the photographs for which he posed may be used by Heart of America Council, Boy Scouts of America, its assigns or successors, in whatever way they may desire, including television.

Parent or Guardian Signature Date, 2007

Notes by Health Lodge Personnel

YEAR 2009 COMPLETE THIS SECTION ONLY DURING THE YEAR 2009

Table with columns: MEDICATIONS TO BE TAKEN, DOSE, HOW OFTEN

Changes in medical information since last summer, i.e. new problems, allergies, etc.

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I hereby consent that the photographs for which he posed may be used by Heart of America Council, Boy Scouts of America, its assigns or successors, in whatever way they may desire, including television.

Parent or Guardian Signature Date, 2008

Notes by Health Lodge Personnel

YEAR 2010 COMPLETE THIS SECTION ONLY DURING THE YEAR 2010

Table with columns: MEDICATIONS TO BE TAKEN, DOSE, HOW OFTEN

Changes in medical information since last summer, i.e. new problems, allergies, etc.

I give permission for full participation in BSA programs, subject to the limitations noted herein. In case of emergency, I understand that every effort will be made to contact me.

I acknowledge the privacy policies of the Heart of America Council, BSA and understand that medical information related to illnesses or injuries sustained while participating in Scouting activities may be released to unit leaders, camp administration and health care insurance companies, on an as needed basis, to facilitate treatment or billing.

I hereby consent that the photographs for which he posed may be used by Heart of America Council, Boy Scouts of America, its assigns or successors, in whatever way they may desire, including television.

Parent or Guardian Signature Date, 2009

Notes by Health Lodge Personnel