



Cub Scout Camping

Northeast Georgia Council



ACW#34414-04

Personal Health & Medical Record

This record is to be used by **all participants (youth and adult)** only for **Scoutland Adventure Camp** conducted by the Northeast Georgia Council, Boy Scouts of America. This record is good only for those programs not exceeding 72 hours, with the level of activity similar to that of home or school, where medical care is readily available. Current personal health and medical summary (history) must be attested to by parents to be accurate. This form does not have to be completed by a physician, but it must include current health and medical information and be updated annually. This form will not be returned to you.

To be completed by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____

Home phone (____) _____ Business phone (____) _____ Email: _____

Address _____

City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Name of personal physician _____ Phone (____) _____

Personal health/accident insurance carrier _____ Policy # _____

I give my 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)."

This Health Information will only be shared with the Health Professional at camp and the Camp Director.

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: _____

| GENERAL INFORMATION: | YES | NO | | YES | NO |
|--|-------|-------|---------------------|-------|-------|
| ADHD (Attention-Deficit Hyper-activity Disorder) | _____ | _____ | Diabetes | _____ | _____ |
| Asthma | _____ | _____ | Heart trouble | _____ | _____ |
| Cancer/leukemia | _____ | _____ | Hemophilia | _____ | _____ |
| Convulsions/seizures | _____ | _____ | High blood pressure | _____ | _____ |
| | | | Kidney disease | _____ | _____ |

Explain: _____

Please list ALL medications taken in the 30 days **prior** to the 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: _____

Immunizations: (Give date of last inoculation.)

| | | |
|----------------------|---------------|-----------------|
| Tetanus toxoid _____ | Measles _____ | Polio _____ |
| Diphtheria _____ | Mumps _____ | Pertussis _____ |
| Rubella _____ | | |

NAME _____

PACK # _____

CAMP SITE _____