



Lodge Member & Health Information Change Form

Member Information

Circle One: New Member Transfer Correction Delete		
Name:		Email:
Address:		
City:	State:	Zip Code:
Phone: ()	Unit Number:	Date of Birth:
Ordeal Date (mm/dd/yyyy):		
Brotherhood Date (mm/dd/yyyy):		
Vigil Date (mm/dd/yyyy):		
Circle Chapter: Ilau Machque (Black River) Lauchsoheen (LaFayette) Neusiok (Neuse River) Eluwak (Mawat) Netopolis (Dogwood) Mimahuk (Highlander) Saponi (Shakori) Netami (Crosswinds) Temakwe (Awahili) Kiowa (Impessa)		

Medical Information

Do you: ___ have any medical restrictions? ___ currently take any medication? ___ have any dietary restrictions?	Explain:
Health Insurance Company:	Policy #:
Have or subject to: ___ Convulsions ___ Asthma ___ Fainting Spells ___ Bleeding disorder ___ Diabetes ___ Heart trouble ___ Allergy to medication, food plant, animal, or insect ___ Any condition requires special care, medication, or diet ___ NONE OF THE ABOVE APPLY	Explain:
Have difficulty with (check if yes): ___ Eyes, ears, nose, throat ___ Digestion ___ Bed-wetting ___ Lungs ___ Sleepwalking ___ Any condition now requiring regular medication?	Explain: Name of medication:
Date of Immunizations: Tetanus toxoid _____ Polio _____ Mumps _____ Pertussis _____ Diphtheria _____ Measles _____ Rubella _____	
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. In the event that 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.	
Participant	Parent or guardian
Signature:	Signature (if participant under 18 years):
x _____ Date: _____	x _____ Date: _____
	Home Phone: _____ Mobile Phone: _____