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: Amangi Newo (Hemlock) Canotka (Cape Fear) Eluwak (Mawat)

Eno (Orange) Impeesa (Baden Powell) Kato Hochuli (Falls)

Lumbee Anilorac (Kia Kima) Natisihi (Moore) Netami (Crosswinds)

Neusiok (Neuse River) Niganit (Tuocs) Yamni Wakpa (Three Rivers)

Wazeeyahtah (Great Northern)

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	Explain:

___ Any condition now requiring regular medication?	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: x_____ Date: _____	Signature (if participant under 18 years): x_____ Date: _____
	Home Phone: | Mobile Phone: