BOY SCOUTS OF AMERICA

HEALTH AND SAFETY SERVICE

PERSONAL HEALTH AND MEDICAL SUMMARY

To be filled out by parent or guardian

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____

Business address _____ City _____ State _____

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

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal Health/Accident insurance carrier _____ Policy No. _____

In case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication for my son.

Date _____ Signature of parent or guardian _____

Medical information past or present (please check)

Asthma	☐ Yes ☐ No	Heart disease	☐ Yes ☐ No	Leukemia	☐ Yes ☐ No
Allergies	☐ Yes ☐ No	High blood pressure	☐ Yes ☐ No	Cancer	☐ Yes ☐ No
Convulsions	☐ Yes ☐ No	Diabetes	☐ Yes ☐ No	Hemophilia	☐ Yes ☐ No

Explanations _____

Allergies:	Food	☐ Yes ☐ No	Plants	☐ Yes ☐ No
	Medicines	☐ Yes ☐ No	Insect bites	☐ Yes ☐ No

Explanations _____

Any reason to restrict full activity including swimming, long hikes, backpacking, strenuous physical games?
☐ Yes ☐ No

List any conditions limiting full participation (Physical or emotional) _____

_____

Any reason for medicines to be taken at camp? ☐ Yes ☐ No

List medicines, send ample supplies and directions for use _____

_____

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures? ☐ Yes ☐ No

What? _____

Explain any YES answers and give all information needed to provide as safe and as full participation as possible.

Immunizations:	Date of last innoculation		Date of last innoculation		Date of last innoculation
Tetanus Toxoid	_____	Polio	_____	Mumps	_____
Diptheria	_____	Pertussis	_____	Measles	_____