

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(Annually by all participants)

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

IDENTIFICATION

Name _____ Date of birth ____/____/____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

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
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain _____

List any medications to be taken at camp: _____

Note: All medications to be taken by any Scout during activities or outings must be turned in to the adult leader in charge with specific instruction for administering these medications. BSA policy does not allow Scouts to possess any medications without permission of the adult leader in charge.

List any physical or behavioral conditions that may effect or limit full participation in swimming, hiking, backpacking, or playing strenuous physical games: _____

List any equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

IMMUNIZATIONS: (list date of last inoculation)

Check here if all listed are current

Tetanus toxoid _____ Measles _____ Polio _____ Diphtheria _____

Mumps _____ Pertussis _____ Rubella _____

PARENT AUTHORIZATION:

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 by me.

Signature _____ Date _____

(Parent or Guardian)