



PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 (CLASS 2 ON REVERSE SIDE)

Name

CLASS 1 (update annually for all participants). Activity: 4th Grade Webelos Camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(Council Insurance: Health Special Risk, Inc. #PTPN00327402)

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 _____ Phone _____

Home address _____ City _____

State _____ Zip Code _____ Work Phone _____

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

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name of personal physician _____ Phone _____

Personal health/accident insurance carrier _____ Policy # _____

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	Yes	No		
Asthma	[]	[]	Diabetes	[]	[]	High blood pressure	[]	[]
Cancer/leukemia	[]	[]	Heart trouble	[]	[]	Kidney disease	[]	[]
Convulsions/seizures	[]	[]	Hemophilia	[]	[]			

Explain _____

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 _____

Unit

Camp Dates

I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates. In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). 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, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Date _____ Signature of parent/guardian or adult _____

PARENT NOTE: I hereby release all pictures of my child taken by the Northern Star Council camp staff for promotional purposes and programming materials including the Northern Star Council website.

Parent or Guardian Signature _____ Date _____

PARENT NOTE: I authorize my child to participate in firearms safety instruction education programs. Webelos Scouts shoot BB guns only. Boy Scouts may shoot .22 caliber rifles, shot guns or black powder rifles.

Parent or Guardian Signature _____ Date _____