



Cub Scout/Tag-a-long Name: \_\_\_\_\_

**CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY** To be filled out by parent, guardian, or adult participant. Please print in ink.

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ CONTACT WORK OR CELLULAR \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner 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 participant is an adult).

Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

Check all items that apply, **past or present**, to your child's health history. Explain any "Yes" answer

**ALLERGIES:** Food, medicines, insects, plants Y / N Explain: \_\_\_\_\_

**GENERAL INFORMATION: Circle Y (yes) N (no) for all that apply**

Y / N ADHD (Attention-Deficit Hyperactivity Disorder) Y / N Convulsions/seizures Y / N Hemophilia Y / N  
Asthma Y / N Diabetes Y / N High blood pressure Y / N Cancer/leukemia Y / N Heart trouble Y / N  
Kidney Disease Y / N Explain: \_\_\_\_\_

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: \_\_\_\_\_

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 (Whooping Cough) \_\_\_\_\_ Rubella \_\_\_\_\_

*NOTE: By submitting a registration form, you are authorizing the North Florida Council, BSA to take photos of your Scout and family for promotional purposes ONLY. Photos will not be sold or utilized for any use outside of youth and volunteer recruitment by the North Florida Council, BSA.*