

**CUB, TIGER AND WEBELOS SCOUT DAY CAMP HEALTH FORM**

DISTRICT \_\_\_\_\_ CAMP DATE: \_\_\_\_\_

NAME \_\_\_\_\_ PACK# \_\_\_\_\_ RANK \_\_\_\_\_ GRADE (In Fall) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (h) \_\_\_\_\_ © \_\_\_\_\_ (w) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ D.O.B. \_\_\_\_\_

T-shirt size - Consider growth; 100% Cotton: (Circle One)

**Youth SM 6-8**

**Youth MED 10-12**

**Youth LRG 14-16**

**Adult Medium**

**Adult Large**

**Adult X-Large**

HAVE OR SUBJECT TO: ( ) Asthma ( ) Convulsions ( ) Heart Trouble  
( ) Diabetes ( ) Contact Lenses ( ) Fainting Spells

ALLERGIES: BE SPECIFIC: \_\_\_\_\_

ANY RESTRICTIONS OF ACTIVITIES FOR MEDICAL REASONS? \_\_\_\_\_

Please explain: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_ (MANDATORY: Must have actual date within 10 years)

WHAT, IF ANY, MEDICATIONS ARE YOU CURRENTLY TAKING (At or Away from Camp)?  
\_\_\_\_\_

MEDICATION NEEDED AT DAY CAMP: (EXAMPLE)

Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ BRETHINE

Dosage: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 250 MG

When: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 3 X DAILY

**Please bring all medications in original container or prescription bottle. All medication is to be given to the Camp Medical person at the daily check-in.**

IN CASE OF EMERGENCY NOTIFY *(Please list individuals who will be available during camp):*

NAME & RELATIONSHIP \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_

NAME & RELATIONSHIP \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_

PHYSICIAN NAME & PHONE # \_\_\_\_\_

Personal Health/Accident Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

AUTHORIZATION: This health history is correct as far as I know, and the person herein described has permission to engage in all activities, except as noted by the physician and me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by Camp Management, to hospitalize, secure proper anesthesia, or to order injection or surgery for my child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Parent or Guardian)

**OVER ⇨**