

# Talligewi Lodge #62 Personal Health and Medical Record

(To be filled out annually by all participants)

To be completed by parent or guardian or adult participant. Please Print in Ink

## Identification

Name \_\_\_\_\_ BSA Member # \_\_\_\_\_  
Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex M or F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Name of parent or guardian (if under 21) \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Telephone \_\_\_\_\_ Unit Number \_\_\_\_\_ District \_\_\_\_\_  
Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_  
Personal health / accident carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

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 can not 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 health history. Explain any "Yes" answers.

Allergies: Food, medicine, insects, plants: Yes  No  Explain: \_\_\_\_\_

### General Information:

<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Hemophilia
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	Cancer / Leukemia	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	Kidney Disease

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 all medications to be taken at camp: List any physical or behavioral conditions that may affect or limit full participation in swimming, back packing, hiking long distances or playing strenuous physical games: \_\_\_\_\_

List equipment needed such as wheel chair, braces, glasses, contact lenses etc: \_\_\_\_\_

### Immunizations: (Give date of last inoculation)

Tetanus toxoid \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Diphteria \_\_\_\_\_  
Mumps \_\_\_\_\_ Pertussis \_\_\_\_\_ Rubella \_\_\_\_\_