

**Gulf Ridge Council
Cub Scout Day Camp 2009
Health History Information**

Complete a separate form for EACH person who will be spending time at Cub Scout Day Camp/Twilight Camp. (This includes the Scout leaders, parents, tot lot siblings, tag-a-long siblings, camp staff -EVERYBODY!)

Scout Camper Camp Staff Parent Volunteer Sibling or "Tot"

Name _____ Age: _____

Address _____

State/City/Zip _____

Birth Date _____ Unit (Pack/Troop) _____

Attach your current

photo here.

Required for minors only,
but to save time in the
event of a true emergency,
we recommend this for
everyone.

Name: _____

In Case of Emergency Notify (please advise these people that you are putting them on this form. Persons listed must be available during this time if needed, i.e. available by phone, in the same local area, etc):

Contact #1

Contact #2

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Primary Phone: _____

Primary Phone: _____

Second Phone: _____

Second Phone: _____

Cell/Pager: _____

Cell/Pager: _____

Physician: _____

Phone: _____

Insurance Co: _____

Policy/Group#: _____

Special Instructions: _____

HEALTH HISTORY

Does this person have or is he/she subject to: (check if yes)

Asthma Bleeding disorder Heart trouble Convulsions Diabetes Fainting spells

Sport restrictions (please list): _____

Allergies: Insect bites or stings Foods _____ Medications _____

Have difficulty with: (check if yes) Eyes Ears Nose Throat Lungs Digestion

Are there any restrictions for medical reasons? Yes No Describe: _____

Is there any condition requiring regular medication? Yes No Name and dose: _____

Will medication be brought to camp? Yes No If yes, by whom? _____

Instructions needed for medication at camp: _____

Date of last tetanus shot: _____ Are immunizations current? Yes No If "No" please explain _____

If you or your child requires medication to be taken while at camp, it must be turned into the Camp Health Officer each day by an adult. The medication should be in an individual container with written instructions for dispensing of the medication during the day. Prescription medications must have pharmacy label on them. We recommend you ask your pharmacist to provide you with a specified number of individual labels so you can prepare a disposable container (ziploc bag) for each day at camp. Medications will not be stored overnight. Campers who require asthma inhalers or epi-pens may carry them. If they are used, a report must be made to the Medical Officer, as soon as practically possible.

Are there any medical or behavioral conditions that the staff should be aware of? _____

I am providing additional medical information for this individual on a separate piece of paper.

PARENT AUTHORIZATION: This health history is correct so far as I know, and the person herein described has my permission to engage in all camp activities, except as noted by me and/or the physician. I understand that, in case of emergency, every effort will be made to reach the contact persons, as listed above. If the emergency contacts cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to administer the immediately necessary medical care to my child.

Applicant (parent/guardian for minors) signature _____

Date _____ ***form is **NOT** complete without signature and date***

Days parent will be at camp: **Mon.** **Tues.** **Wed.** **Thurs.** **Fri.** (please circle days that apply)