

HEALTH INFORMATION FOR CUB SCOUTS

Pack #

CUB SCOUT INFORMATION

Name Date of Birth Height Weight Eye Color Hair Color Address City State Zip Home Phone Grade this coming September

PARENT/GUARDIAN/SPOUSE INFORMATION

Name Relation to Scout Day Phone Cell/Pager Name Relation to Scout Day Phone Cell/Pager

EMERGENCY CONTACTS (other than parent/guardian/spouse)

Name Relation to Scout Day Phone Cell/Pager Name Relation to Scout Day Phone Cell/Pager

HEALTH HISTORY: Check all items that apply, past or present, to this health history. Explain any YES answers.

Allergies: Food, medicines, insects, plants: Yes No Explain

General Information: Yes No Diabetes High Blood Pressure Asthma Cancer/Leukemia Heart Trouble Kidney Disease Convulsions Seizures Hemophilia

List any medications now being taken: List any medications to be taken while 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, contacts etc.:

IMMUNIZATIONS: Give month and year of last inoculation. This section must be completed or participation will be denied.

Tetanus Toxoid Pertussis Mumps Rubella Diphtheria Measles Polio TB Tine Chicken Pox Hepatitis B

PERSONAL (FAMILY) PHYSICIAN Phone

Personal health/accident insurance carrier

Policy # Policy Holder

PARENT AUTHORIZATION

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician. Selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

SIGNATURE PRINTED DATE