

# HEALTH INFORMATION FOR CUB SCOUTS/ADULTS

Name \_\_\_\_\_ Age \_\_\_\_\_ Pack No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## IN CASE OF EMERGENCY NOTIFY:

Name \_\_\_\_\_ Relationship: Parent  Guardian   
Other \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Other Instructions \_\_\_\_\_  
Area Code and Number

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

## HEALTH HISTORY

Have or subject to: (check if yes)

- Asthma       Fainting Spells       Convulsions       Swimming or sport restrictions  
 Diabetes       Heart Trouble       Allergies or reaction to any medication, food, or other  
 Other \_\_\_\_\_ Describe \_\_\_\_\_

Check here if none of above applies

Have difficulty with: (check if yes)

- Eyes       Ears       Nose       Throat       Lungs       Digestion  
 Any condition now requiring regular medication? \_\_\_\_\_ Name of medication \_\_\_\_\_  
 Is medication with? If not, who has it? \_\_\_\_\_  
 Any restriction of activity for medical reasons? \_\_\_\_\_ Explain: \_\_\_\_\_

**IMMUNIZATIONS:** Please write the **date** of last inoculation or disease:

- \*Tetanus Toxoid \_\_\_\_\_  Polio \_\_\_\_\_  Mumps \_\_\_\_\_  
 Diphtheria \_\_\_\_\_  Pertussis \_\_\_\_\_  Measles \_\_\_\_\_  
 Chicken Pox \_\_\_\_\_  Rubella \_\_\_\_\_

**\* Mandatory immunization within 10 years**

**ADULT PARTICIPANT SIGNATURE** \_\_\_\_\_

OR

**PARENT AUTHORIZATION:** This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. 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.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Minnesota State Law requires written permission from a minor's parent  
or guardian in order to shoot a BB gun.

I authorize my son to shoot BB guns under the supervision of trained camp staff.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I **do not** authorize my son to shoot BB guns.