

# October 8-10, 2010

## Class 1 Personal Health and Medical History

To be filled out by parent, guardian, or adult participant. Please print in ink.

### IDENTIFICATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If person named above is not available in the event of an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

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 cannot 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, medicines, insects, plants yes / no Explain: \_\_\_\_\_

### GENERAL INFORMATION:

ADHD	yes / no	Convulsions/seizures	yes / no	Hemophilia	yes / no
Asthma	yes / no	Diabetes	yes / no	High blood pressure	yes / no
Cancer/leukemia	yes / no	Heart trouble	yes / no	Kidney disease	yes / no

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 any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in fishing in a motor boat, archery, sling shot, hiking, or playing physical games: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

### IMMUNIZATIONS: (give date of last inoculation.)

Tetanus toxoid \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Diphtheria \_\_\_\_\_

Mumps \_\_\_\_\_ Pertussis \_\_\_\_\_ Rubella \_\_\_\_\_ Other \_\_\_\_\_

## Parental Informed Consent and Hold Harmless/Release Agreement

I understand that participation in the **Tom and Huck Adventure** offered through the **Mohegan Council, BSA**, on **October 8-10, 2010** involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son/daughter, I have given \_\_\_\_\_ (son/daughter) my consent to participate in the Tom and Huck Adventure, and waive all claims I may have against Boy Scouts of America, Mohegan Council, activity leaders and coordinators, all employees, volunteers, or sponsors associated with the Tom and Huck Adventure.

This form must have both parents/guardian signatures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date