

### CUB DAY CAMP AND/OR FUN WITH SON WEEKEND ADULT PERSONAL HEALTH AND MEDICAL SUMMARY

Week # \_\_\_\_\_

PLEASE PRINT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of Cub \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Work Telephone ( ) \_\_\_\_\_ Cell Telephone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Emergency Contact in case above is unreachable:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name of Personal Physician \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Personal Health/Accident Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies:

**Food\*** Yes / No **Plants** Yes / No **Medicines** Yes / No **Insect Bites** Yes / No **Other** Yes / No

Please explain circled information \_\_\_\_\_

**\*Cooking is a part of the Day Camp program and we need to be aware of any and all food allergies. For food allergy concerns please contact the Camp/Program Directors.**

Any reason to restrict activities including, but not limited to, swimming, long hikes, or strenuous physical games? Yes / No

Any special equipment such as orthopedic or handicap devices, glasses, contacts, dentures? Yes / No

Please explain circled information \_\_\_\_\_

**Please complete the BSA Annual Health and Medical Record Parts A and C.  
Completion of the medical form is required for attendance at Day Camp.**

A copy of the medical form can be obtained at the Scout Service Center or accessed via  
[http://scouting.org/filestore/pdf/34605\\_Letter.pdf](http://scouting.org/filestore/pdf/34605_Letter.pdf)