

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

TO BE COMPLETED BY PARENT OR GUARDIAN:

PLEASE PRINT

Youth's Name _____ Date of Birth _____ Age _____ Sex _____

Name of Parent or Guardian _____ 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