

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY & PERMISSIONS

All participants, youth and adults, must complete this form and turn it in at camp/event check-in. Make copies as needed.

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

Name: _____ Date of birth: _____ Age: _____ Sex: _____

Name of parent/guardian: _____ Phone: (____) _____

Home address: _____ City: _____ State: _____

Business address: _____ City: _____ State: _____

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

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Name of personal physician: _____ Phone: (____) _____

Personal Health/Accident Insurance Carrier: _____ Policy No.: _____

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:

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

Explain: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, hiking long distances, or playing strenuous physical games: _____

List equipment needed, such as wheelchairs, braces, glasses, contact lenses, etc.: _____

Immunizations (give date of last inoculation):

Tetanus toxoid _____ Measles _____ Polio _____ Diphtheria _____

Mumps _____ Pertussis _____ Rubella _____

Medication: If my son/ward becomes sick while attending a camping activity, I give permission for the camp's Health Officer to administer non-prescription medicine, except: _____

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician 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 an adult). This health history is correct, so far as I know.

I give permission for the following people **ONLY** to pick up my son from camp (**Identification must be presented to Camp Director**):

Name: _____ Relationship: _____ Driver's license #: _____

Name: _____ Relationship: _____ Driver's license #: _____

SPECIAL ACTIVITY PERMISSIONS:

_____ Shoot BB guns and archery bow and arrows AFTER marksmanship & safety instruction from a certified shooting sports instructor

_____ Climb inflatable climb tower AFTER safety instructions from a trained instructor

_____ Use of pictures, videotape of Scout/Adult in BRMC publications and/or promotional materials.

_____ Permission given for swimming/water activities

Parent/Guardian signature: _____ Date: _____