

Parent & Pal Weekend Health Form

Adult Cub Scout Sibling (Fun Fest only)

Name: _____ Age: _____ Pack # : _____

Address: _____ City: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Parent Guardian Other: _____

Day time Phone: _____ Other phone: _____

Physician: _____ Phone: _____

HEALTH HISTORY

Any restriction of activity for medical reasons? _____

Have or are subject to: (check if yes)

Asthma Fainting spells Convulsions Swimming or sports restrictions

Diabetes Heart trouble Allergies or reaction to any medication, food, or other

Special needs or details: _____

Have difficulty with: (check if yes)

Eyes Ears Nose Throat Lungs Digestion

Any condition now requiring regular medication? _____

Please list type of medication: _____

It is a requirement of the Prairielands Council Parent & Pal Weekend that all medications for youth and adults be turned into the Camp Health Officer upon check-in at the camp. The only exceptions are inhalers, epi-pins, and bee sting kits, which must stay with the individual to be used as needed. Medication must be in the original container that indicates the name and dosage instruction. Please mark it with the pack number.

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/or the physician. In the event of an emergency and the listed contact person above cannot be reached, I hereby give permission to the health care providers, selected by the camp leadership, to administer proper medical treatment.

In the event that photographs or videotape footage is taken at the Parent & Pal Weekend, I hereby give permission for images of the above listed individual to be used in promotional outlets by the Prairielands Council, Boy Scouts of America.

Signature: Adult participant or custodial parent or guardian

Date