

### YOUTH HEALTH HISTORY

CUB NAME \_\_\_\_\_ PHONE \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

PERSONAL HEALTH/ACCIDENT INSURANCE CARRIER \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

Please list any health problems, physical or behavioral that may affect or limit full participation in any physical or strenuous activity.

Any conditions requiring medication? List condition, the name of medication. \_\_\_\_\_

Please list any allergies, food or medical. \_\_\_\_\_

### CONSENT TO TREAT

The health history is correct so far as I know, and the person herein described has permission to engage prescribed activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the day camp director, to hospitalize, secure proper anesthesia, or to order injection or surgery for the child. I authorize the medical insurance carrier to make the necessary payment directly to the physician or hospital for treatment. IN THE EVENT OF AN EMERGENCY EVACUATION, I authorize the designated emergency evacuation personnel to transport the child herein to an emergency evacuation facility.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### ADULT HEALTH HISTORY

PARENT/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PERSONAL HEALTH/ACCIDENT INSURANCE CARRIER \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ PHONE \_\_\_\_\_

Please list any health problems, physical or behavioral that may affect or limit full participation in any physical or strenuous activity.

Any conditions requiring medication? List condition, the name of medication. \_\_\_\_\_

Please list any allergies, food or medical. \_\_\_\_\_

**A COMPLETED HEALTH FORM FOR EACH CUB SCOUT, SIBLING & ADULT  
MUST BE INCLUDED WITH REGISTRATION FORM.  
PLEASE USE A SEPARATE FORM FOR EACH PERSON REGISTERING FOR EVENT  
(Please, make copies as needed)**