

Health Form for Weekend Programs  
(Cub/Parent Mom 'n Me Family Camping)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ UNIT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ OTHER INSTRUCTIONS: \_\_\_\_\_

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

HEALTH HISTORY - SUBJECT TO OR HAVE (CHECK IF YES)

FAINING SPELLS \_\_\_\_\_ CONVULSIONS \_\_\_\_\_ DIABETES \_\_\_\_\_

HEART TROUBLE \_\_\_\_\_ ASTHMA \_\_\_\_\_ SWIMMING OR SPORT

RESTRICTIONS \_\_\_\_\_

ALLERGIES OR REACTIONS TO FOOD, MEDICATION, OR OTHER.

EXPLAIN: \_\_\_\_\_

OTHER: \_\_\_\_\_

NONE OF THE ABOVE APPLIES \_\_\_\_\_

HAVE DIFFICULTY WITH (CHECK IF YES):

EYES \_\_\_\_\_ EARS \_\_\_\_\_ NOSE \_\_\_\_\_ THROAT \_\_\_\_\_ LUNGS \_\_\_\_\_ DIGESTION \_\_\_\_\_

ANY CONDITION NOW REQUIRING REGULAR

MEDICATION? \_\_\_\_\_

NAME OF

MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_

WHO HAS THIS MEDICATION

NOW? \_\_\_\_\_

ANY RESTRICTIONS OF ANY ACTIVITIES FOR MEDICAL REASONS?

EXPLAIN: \_\_\_\_\_

A PARENT 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 the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or order injection or surgery for my child.

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