

HEALTH HISTORY INFORMATION FOR CUB SCOUTS

BOY SCOUTS OF AMERICA

Please Return This To Your Pack Leader!!

Name _____ Grade(Next Fall) _____ Age _____

Name of Parent or Guardian _____ Pack Number _____

Address _____ Date of Birth _____

City or Town _____ State _____ Zip _____

E-mail Address _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship: Parent _____ Guardian _____ Other _____

Address _____

Daytime Phone () _____ - _____ Other Instructions _____

Family Physician _____ Phone _____

Personal Insurance Policy _____

HEALTH HISTORY

Height _____ Weight _____ Eye Color _____ Hair Color _____

Have or subject to: (check if yes)

___ Asthma ___ Hemophilia ___ Convulsions ___ Diabetes ___ Heart Trouble ___ ADHD

___ Kidney Disease ___ Swimming or sport restrictions ___ Fainting Spells

___ Latex Allergy -- ___ Bleeding Disorders ___ Insect Bites ___ High Blood Pressure

___ Allergies or reaction to any medication, food, or other. Describe _____

___ Check if none of the above applies

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used:

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

Immunizations: (Give date of last inoculation.)

Tetanus Toxoid _____ Measles _____ Polio _____

OR DPT _____ OR MMR _____ Varicella _____

Hepatitis A _____ Hepatitis B _____ OR Chicken Pox _____

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 the physician or myself. 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 to order injection or surgery for my son.

I give the Northern Lights Council permission to allow the applicant to use a BB Gun and a Bow & Arrow under proper adult supervision.

Signature: _____ Date: _____

Parent or Guardian