

CUB SCOUT or BOY SCOUT
CLASS 1 PERSONAL HEALTH

In the event of an emergency, notify:

Name _____ Relationship _____ Telephone _____
Name _____ Relationship _____ Telephone _____

Health/Accident Insurance Carrier _____ **Policy#** _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: _____ Asthma _____

High Blood Pressure _____ Cancer/Leukemia _____

Heart Conditions _____ Hemophilia _____

Diabetes _____ Kidney Diseases _____

Convulsions/Seizures _____ Other _____

List any medication to be taken at Camp _____

List equipment, i.e. wheelchair, braces, glasses, etc. _____

List physical/behavior conditions that may effect or limit participation _____

Immunizations (give latest date of inoculation):

Tetanus toxoid _____ Measles _____ Polio _____ Diptheria _____ Mumps _____

Pertussis _____ Rubella _____ Other _____

I give my permission for full participation in BSA programs, subject to limitations noted above. In the event of illness or accident in the course of such activities, I request that measures be instituted without delay as judgment of medical personnel dictates. **IN CASE OF EMERGENCY**, I understand every effort will be made to contact me. In the event I cannot be reached, I 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.

Date _____ Signed _____

Any additional medical notes are as follows:

Other:

California Penal Code §12552 – Furnishing firearms to Minors under 18 without permission of parent. Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, to any minor under the age of 18 years, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. **I give my permission for the above child to use a firearm as described above.**

I give my express permission for the child stated above to participate in the Day Camp **Archery Program**: (Circle one) YES NO **(Our firearms are limited to archery.)**

Parent Signature _____