

BUCKSKIN COUNCIL WEBELOS WEEKENED 2008
HEALTH INFORMATION & REGISTRATION FORM

Note: All campers and adult partners must complete a health information & registration form.

Name: _____ Birthday: _____ Age: _____

Address: _____

Home Phone: _____ Grade completed in June: _____ Pack #: _____

Name of Parent or Guardian: _____

IN CASE OF AN EMERGENCY, NOTIFY

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Doctor's Name: _____ Phone: _____

Insurance Company and Policy Number: _____

HEALTH INFORMATION

Date of last Tetanus Shot: _____

Check if any complications with the following, (check, if yes):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart	<input type="checkbox"/> Fainting	<input type="checkbox"/> Eyes
<input type="checkbox"/> Nose	<input type="checkbox"/> Throat	<input type="checkbox"/> Lungs	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ears

Other: _____

Allergies: _____ Restrictions: _____

Please specify and describe any health indications above: _____

Are you taking any medication on a regular basis? Yes No

If so, what? _____ Restrictions: _____

Dosage? _____ Will you bring this to camp? Yes No

Please note other special religious or dietary needs: _____

PARENT/GUARDIAN 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. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the camp staff, to hospitalize, secure proper anesthesia, administer treatment or to order injection or surgery for my child.

Signature of parent or guardian: _____

Date: _____