

# HEALTH INFORMATION FOR SCOUTS/ADULTS

Name \_\_\_\_\_ Age \_\_\_\_\_ Unit Type/No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## *IN CASE OF EMERGENCY NOTIFY.-*

Name \_\_\_\_\_ Relationship: Parent  Guardian

Other \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Other Instructions \_\_\_\_\_

Area Code and Number

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

## *HEALTH HISTORY*

*Have or subject to: (check if Yes)*

Asthma  Fainting Spells  Convulsions  Swimming or sport restrictions

Diabetes  Heart Trouble  Allergies or reaction to any medication, food, or other

Other \_\_\_\_\_ Describe \_\_\_\_\_

Check here if none of above applies

*Have difficulty with: (check if Yes)*

Eyes  Ears  Nose  Throat  Lungs  Digestion

Any condition now requiring regular medication? \_\_\_\_\_ Name of medication \_\_\_\_\_

Is medication with? If not, who has it? \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_ Explain: \_\_\_\_\_

## **ADULT PARTICIPANT SIGNATURE**

**OR**

**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 anaesthesia, or to order injection or surgery for nly son.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

BB gun safety and target shooting is part of the camp program for all youth.

Youth 15 and over maybe shooting rifles in a military electronic range.

Minnesota State Law requires written permission from a minor's parent or guardian in order to shoot a BB gun or rifle.

I hereby authorize my child to target shoot under the supervision of trained camp staff or military personnel.

Parent or Guardian Signature \_\_\_\_\_