



# PERSONAL HEALTH AND MEDICAL RECORD

## Class 1

**Class 1 (update annually for all participants).** Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

To be filled out by parent, guardian, or adult participant. Please print in ink.

### IDENTIFICATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Email \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_

Business address \_\_\_\_\_ Phone \_\_\_\_\_

If person named above is not available in the event of an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Phone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

I give permission for full participation in BSA Abraham Lincoln Council programs, subject to limitations noted herein.

**In case of emergency**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

I prefer the following Springfield hospital: \_\_\_\_\_

Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

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

**ALLERGIES:** Food, medicines, insects, plants Yes No Explain: \_\_\_\_\_

### GENERAL INFORMATION:

\_\_\_\_ ADHD (Attention-Deficit Hyperactivity Disorder)

\_\_\_\_ Asthma

\_\_\_\_ Cancer/leukemia

\_\_\_\_ Convulsions/seizures

\_\_\_\_ Diabetes

\_\_\_\_ Heart trouble

\_\_\_\_ Hemophilia

\_\_\_\_ High blood pressure

\_\_\_\_ Kidney disease

\_\_\_\_ Other

Explain: \_\_\_\_\_

List any medications to be taken at camp: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

### Immunizations: (Give date of last inoculation)

Tetanus toxoid \_\_\_\_\_

Diphtheria \_\_\_\_\_

Pertussis \_\_\_\_\_

Polio \_\_\_\_\_

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Rubella \_\_\_\_\_

Other \_\_\_\_\_