



PERSONAL HEALTH AND MEDICAL RECORD

TROOP 73 ADULT LEADER ONLY

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 to be accurate. This form is filled out by all participants and is on file for easy reference.

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Telephone _____ Home address _____ City _____

State _____ Zip _____

In the event of an emergency, notify

Name _____

Relationship _____ Telephone _____

Name _____

Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

In **case of emergency**, I understand every effort will be made to contact my spouse or next of kin). In the event they 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 me.

Date _____ Signature _____

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:

- Convulsions/seizures Yes No Explain: _____
- Asthma Yes No Explain: _____
- Diabetes Yes No Explain: _____
- High blood pressure Yes No Explain: _____
- Cancer/leukemia Yes No Explain: _____
- Heart trouble Yes No Explain: _____
- Kidney disease Yes No Explain: _____

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.: _____
