

CUB SCOUT APPLICATION/MEDICAL FORM

Calapooia Day Camp

July 25th- July 28th, 2005

P L E A S E P R I N T

Rank next school year: (Circle One) _____ TIGER CUB/WOLF/BEAR _____ WEBELO _____

Last Name _____ First Name _____

Address _____ City _____

Pack # _____ Date of Birth _____ T-Shirt Preordered: Y N Indicate T-Shirt Size: YM Ylg S M L XL

Name of Parent/Guardian _____ Relationship to Scout _____

Home Phone _____ Business Phone _____ Work Hours _____

Local Emergency Contact #1 _____ Telephone _____

Emergency Contact #2 _____ Telephone _____

Is there anyone, specifically, that **cannot** pick up your boy? _____

MEDICAL INFORMATION

Allergy to any **MEDICATION, FOOD**, plant, animal, or insect toxin? If so, what?

Has difficulty with or subject to (*check if yes*):

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Lungs |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eyes, nose, ears throat | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Fainting spells |

Explain:

Any physical or behavioral conditions that may affect or limit full participation in any activities:

Immunizations: (Please check if current)

Are all immunizations current according to the Public School requirements? Yes No

List any prescription medications currently taking (must be checked in with First Aid Staff)

INSURANCE INFORMATION - NO EXCEPTIONS

(Participant **MUST** Be Covered)

Name of Physician _____ Telephone _____

Family Medical Insurance Company _____ Policy No. _____

Pack Accident Insurance Company _____ Policy No. _____

Special Activity Insurance (If you have no other medical coverage, contact your den or pack leader to apply. When applying use form P-CC-4)

PARENT AUTHORIZATION

I give permission for the above named to attend the Calapooia District Cub Scout Day Camp and for any photos taken during the activity to be used by this district and council. The above health history is correct so far as I know and the person herein described has permission to participate in all camping activities, including BB guns and archery, 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 adult leader in charge, to hospitalize, secure proper anesthesia, give treatment, or to order injections for the person herein described.

Signature _____ Date _____

Parent/Guardian