

## BOY SCOUT TROOP 274 - PERSONAL EMERGENCY INFORMATION

FULL NAME OF SCOUT		NICKNAME	
STREET ADDRESS	CITY	STATE	ZIP CODE
SCOUT'S DATE OF BIRTH		HOME PHONE NUMBER	

**PARENT(S)/GUARDIAN(S) – Please list all who reside locally and have responsibility for this Scout:**

NAME	
RELATIONSHIP	
ADDRESS	
CITY/STATE/ZIP	
HOME PHONE	
WORK PHONE	

NAME	
RELATIONSHIP	
ADDRESS	
CITY/STATE/ZIP	
HOME PHONE	
WORK PHONE	

**OTHER EMERGENCY CONTACTS:**

NAME	
RELATIONSHIP	
ADDRESS	
CITY/STATE/ZIP	
HOME PHONE	
WORK PHONE	

NAME	
RELATIONSHIP	
ADDRESS	
CITY/STATE/ZIP	
HOME PHONE	
WORK PHONE	

**IN THE EVENT OF AN EMERGENCY, PLEASE TRY TO CONTACT THE ABOVE PERSONS IN THE FOLLOWING ORDER (INCLUDE YOURSELF):**

- |           |           |
|-----------|-----------|
| (1) _____ | (3) _____ |
| (2) _____ | (4) _____ |

**HEALTH/ACCIDENT INSURANCE COMPANY** \_\_\_\_\_  
 Policy/Group Number \_\_\_\_\_ Identification Number \_\_\_\_\_

### PARENT/GUARDIAN AUTHORIZATION

The medical information on this form is correct so far as I know, and the named Scout has permission to engage in all activities, except as noted. I understand that in the event of an emergency a reasonable attempt will be made to reach the emergency contacts noted above. However, permission is hereby given to any physician or other medical professional who may be selected by the adult leader in charge, to hospitalize, secure proper anesthesia for, perform emergency surgical or other medical procedures on, or to order injection of the named Scout. I hereby declare that I have the authority to give the foregoing permissions.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**(COMPLETE ADDITIONAL INFORMATION ON REVERSE)**

### PERSONAL HEALTH HISTORY (BSA Class 1 Equivalent)

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)  
 Cancer/leukemia  
 Diabetes  
 Hemophilia  
 Kidney disease

Yes	No

Asthma  
 Convulsions/seizures  
 Heart trouble  
 High blood pressure

Yes	No

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 \_\_\_\_\_ Measles \_\_\_\_\_  
 Diphtheria \_\_\_\_\_ Rubella \_\_\_\_\_  
 Pertussis \_\_\_\_\_ Polio \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

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

### FAMILY AUTOMOBILE INFORMATION

(Required by Boy Scouts of America when transporting Venturers)

Make, Style, Year	No. Pass. Seatbelts	Liability Insurance Limits		
		Per Person	Per Accident	Property Damage
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$