

Class 1 Personal Health and Medical History (BSA Form 34414)

Identification: To be filled out by parent or guardian for each scout. Please print in ink.

Name _____ Date of Birth _____ Age _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State ____ Zip _____

If person named above is not available 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. _____

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:	Yes	No		Yes	No		Yes	No		Yes	No		Yes	No
ADHD (Attention Deficit Hyperactivity Disorder)			Asthma			Convulsions/seizures			Heart trouble			High blood pressure		
			Cancer/leukemia			Diabetes			Hemophilia			Kidney Disease		

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 or indicate if update):

Tetanus toxoid	_____	Pertussis	_____	Mumps	_____	Polio	_____
Diphtheria	_____	Measles	_____	Rubella	_____		_____

Parent Authorization:
 I give permission for full participation in BSA programs, subject to limitations noted herein.
 In case of emergency, I understand every effort will be made to contact me. 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.

Signature of Parent/Guardian _____ Date _____