

Youth Health History

Name _____ Date of Birth _____

Physician's Name _____ Phone _____

Circle: Asthma Fainting Spells Convulsions Diabetes Heart Problems Other _____

Allergic reactions to any food, medication, other: _____

Describe in detail any physical activity restriction or other health precautions: _____

Have difficulty with: Eyes Ears Nose Throat Lungs Digestion Other _____

Taking any medication: Yes / No Date of last Tetanus Shot: _____

Please list medication & dosage _____

Who has medication (Please circle) Scout Parent Leader

Please list all medication taken 30 days prior to event _____

Other comments: _____

Parent Authorization: This health history is correct as I know, and the person herein described has permission to engage in all prescribed activities except as noted by the physician and me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper anesthesia or to order injection or surgery for my son.

Signature _____ Date _____ Phone _____

Parent/Partner Health History (complete one for each parent/partner attending)

Name _____ Date of Birth _____

Physician's Name _____ Phone _____

Emergency Contact Name _____ Home Phone: _____ Cell _____

Circle: Asthma Fainting Spells Convulsions Diabetes Heart Problems Other _____

Allergic reactions to any food, medication, other: _____

Date of last Tetanus Shot _____ Are you pregnant? Yes / No If yes, check with health official upon arrival.

Describe in detail any physical activity restriction or other health precautions: _____

List all medication taken 30 days prior to event _____

Other comments: _____

Authorization for Parent Partner: This health history is correct as far as I know. I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia or to order injection or surgery.

Signature _____ Date _____ Phone _____

Personal Health/Accident Insurance Carrier _____ Policy# _____

****Each person must complete this health history---make copies as needed****