

**HEALTH INFORMATION FOR SCOUTS, SIBLINGS
& ADULTS**
BOY SCOUTS OF AMERICA—GREAT TRAIL COUNCIL
CLASS 1 MEDICAL FORM

NAME _____ AGE _____ Unit # _____

ADDRESS _____ PHONE# _____

CITY _____ STATE _____ ZIP _____

IN CASE OF EMERGENCY NOTIFY: _____

[Use backside if necessary]

RELATIONSHIP: ___ PARENT ___ GUARDIAN ___ SPOUSE ___ OTHER

ADDRESS _____ PHONE# _____

FAMILY PHYSICIAN: _____ PHONE# _____

CHECK ALL THAT APPLY: ___ ASTHMA ___ DIABETES ___ FAINTING SPELLS
___ HEART TROUBLE ___ INHALERS ___ EPI PEN ___ ALLERGIES ___ NONE

IF ANYTHING CHECKED, PLEASE EXPLAIN: _____

[Use backside if necessary]

RESTRICTIONS OF ANY ACTIVITIES FOR MEDICAL REASONS?
{swimming, sports, etc.} ___ YES ___ NO IF YES, PLEASE EXPLAIN: _____

[Use backside if necessary]

ARE IMMUNIZATIONS CURRENT _____ YES _____ NO

DATE OF LAST TETANUS SHOT _____ — _____ — _____

ARE YOU CURRENTLY ON MEDICATION? ___ YES ___ NO

IF YES. PLEASE LIST ALL MEDICATIONS: _____

[Use backside if necessary]

**ANYBODY THAT HAS MEDICATIONS, EPI PENS, OR INHALERS MUST
CHECK IN WITH OUR FIRST AID PERSON**

PARENT AUTHORIZATION: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and/or a physician. In the event parent/guardian/spouse 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, or to order injection or surgery for person herein.

Parent/guardian signature _____ Date: _____

OR

Applicant's signature _____ Date: _____

{18 and older}

Form can be used for **Council/District/Unit** events