CLASS 1 MEDICAL FORM FOR CUB SCOUTS AND CUB PARENTS
FOR DAY CAMPS & FUNPACK WEEKENDS USE
Please complete camp program you are attending:
Day Camp at _____ (location) Date:_____
FunPack Weekend at Camp Hinds Dates_____

Name _____ Date of Birth _____ Pack # _____

Address _____ Adult Scouting Position _____

City/Town _____ State _____Zip _____

IN CASE OF EMERGENCY NOTIFY:

Name _____Relationship _____

Address _____

Home Phone _____ Other way to reach this person _____

Physician's Name _____ Physician's Phone _____

HEALTH HISTORY (Have you had: mark "past" or "now" or leave blank)

Sinus Trouble _____	Asthma _____	Fainting Spells _____
Rheumatic Fever _____	Earache/Infection _____	Diabetes _____
Epilepsy _____	Tuberculosis _____	Frequent Diarrhea _____
Kidney Disease _____	Heart Trouble _____	For Women:
Hay Fever _____	Severe Stomachaches _____	Menstrual Problems _____

Other allergies or reactions to any medications? _____

Do you tire easily? _____ Do you get out of breath easily? _____

Have you had more than a brief illness or injury in the past year? _____

If so, what? _____

Any condition now requiring regular medication or treatment? _____

Operations or serious injuries (dates) _____

Any restriction of activity for medical reason? _____

Explain _____

****** Camp Emergency Medication Plan needs to be completed for inhaler & epipen use******

Immunizations	**Date of Last Inoculation**
Tetanus Toxin	_____
Diphtheria	_____
Mumps	_____
Polio	_____
Other	_____

Per State of Maine regulations:
"Up to date" is not acceptable
Please list month and year of last inoculation.

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 the physician. In the event I cannot be reached in an emergency, I give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia or order injection or surgery for my son or myself.

Signature _____ ***Date*** _____

Parent or Guardian

( ) We have accident coverage with _____

Name of Company **Policy #**