



TROOP 776 PERSONAL HEALTH AND MEDICAL REPORT

To be filled out annually by all registered scouts. Please print in ink.

Date _____

ADULT

YOUTH

Name _____

Date of birth _____ Social Security Number _____

Home address _____ City _____ Zip _____

Parent or guardian _____

Home Phone _____ Work Phone _____ Other _____

Emergency Contact: (If parent or guardian is not available in the event of an emergency, notify)

Name _____ Relationship _____

Telephone _____ Other Phone _____

Physician _____ Telephone _____

Hospital Preference _____

INSURANCE INFORMATION: Attach copy of front and back of insurance card to this form.

Personal Health/Accident Insurance Company _____

Address _____ Telephone _____

Policy/Group No. _____

MEDICAL INFORMATION:

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers (use back of form if necessary).

ADHD (Attention-Deficit Hyperactivity Disorder) YES NO

Diabetes YES NO

Hyperactivity Disorder YES NO

High blood pressure YES NO

Convulsions / seizures YES NO

Cancer / leukemia YES NO

Hemophilia YES NO

Heart trouble YES NO

Asthma YES NO

Kidney disease YES NO

Explain: _____

Physical/Mental Conditions: Please list any which Scout Leaders/Medical Personal should be aware of:

ALLERGIES: Please list any allergies to medication, foods, insects, plants etc. _____

MEDICATIONS taken on a regular basis: _____

Permission to Obtain Emergency Medical Treatment and Release Medical Information In the event of a medical emergency, I parent/guardian of above listed scout, do hereby appoint any adult leader of Troop 776 as my agent and representative and do hereby give permission to (a) obtain medical treatment for my son/ward at the nearest medical facility at my expense, (b) disclose health/medical and insurance information I have provided in any form to providers of medical assistance, and (c) take any other measures deemed appropriate. I agree to immediately reimburse (without qualification) any expenses incurred by activity leaders/organizers, Troop 776's adult leaders and participants, Troop 776, Goddard Lions Club and/or its affiliated organizations, Quivira Council, the Boy Scouts of America, and/or any other persons or organizations as may provide emergency medical assistance to my son/ward.

I certify that I am the parent or legal guardian of the Scout named above, and that I have read and understand this document in its entirety. I affirm that all answers and statements are true to the best of my knowledge.

Signature of Parent/Guardian

Date