

Troop 92 Cheshire, Connecticut

Sponsored by the First Congregational Church

Mad River District ♦ Connecticut Rivers Council ♦ Boy Scouts of America

Permission for Participation

I give permission for my son to participate in the camping trips, hikes, service projects, and day trips scheduled between April 2011 and December 2011 with Boy Scout Troop 92.

- For each activity, **any** medications (prescription or over the counter) your scout will be taking must be turned into the designated Scouter. Please keep this Scouter informed/updated as to any chronic or newly developed medical concerns that may effect your son's participation in the activity.
- In the event of a medical emergency, medical care will be obtained at the discretion of the Scouters present. All efforts will be made to contact you at the numbers listed below should such an emergency arise.

Scout's name _____

Insurance Company _____

ID# _____ Group # _____

Policy Holder's name _____

Emergency phone number(s) _____ or _____

Will your son have medications with him? Yes _____ No _____

If Yes, explain: _____

Allergies / Medical alerts affecting my son's participation _____



I give my permission for my son's picture to appear in troop publicity photos: Yes _____ No _____

I give my permission for my son's name to appear in troop publicity: Yes _____ No _____

Parent's Name (printed): _____

Parent's Signature: _____

Class I Personal Health History

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

Name _____ Date of Birth _____ Age _____

Name of parent or guardian _____ Telephone # _____

Home address _____ City _____, CT Zip Code _____

Check all items that apply, past or present, to your son's health history.

Circle Yes or No and explain any "Yes" answers.

ALLERGIES (indicate) Food, medicines, insects, plants. YES No Explain: _____

GENERAL INFORMAIION:

Asthma	Yes	No	Cancer / leukemia	Yes	No
Convulsions / seizures	Yes	No	Diabetes	Yes	No
Heart Trouble	Yes	No	Hemophilia	Yes	No
High Blood Pressure	Yes	No	Kidney Disease	Yes	No
ADHD (Attention Deficit Hyperactivity Disorder)			Yes	No	

Explain: _____

List any medications to be taken while camping _____

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 (year) of last inoculation):

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

Name of personal physician: _____ Phone #: _____

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. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature

Date