

**Health Information for Cub Scout Day Camp (Youth and Adult)**  
Central New Jersey Council, Boy Scouts of America

**Please use black ink and print n-e-a-t-l-y**

Name \_\_\_\_\_ Age \_\_\_\_\_ Pack # \_\_\_\_\_ Camp \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home area code + phone \_\_\_\_\_

In case of emergency notify: Name \_\_\_\_\_

Relationship: Parent [ ] Guardian [ ] Other \_\_\_\_\_

Address \_\_\_\_\_

Phone (area code + number) \_\_\_\_\_

Other instructions \_\_\_\_\_

Family physician \_\_\_\_\_ Area Code + Number \_\_\_\_\_

Health history - have or subject to: (check if yes)

- [ ] asthma            [ ] fainting spells            [ ] convulsions  
[ ] diabetes            [ ] heart trouble            [ ] bleeding disorders  
[ ] sports restrictions            [ ] other \_\_\_\_\_  
[ ] allergies or reactions to any medications, food, bee stings, or other

Explain here if any of the above applies: \_\_\_\_\_

[ ] Check here if none of the above applies

Immunizations (must include month and year)

Tetanus Toxoid _____	Polio _____	Mumps _____
Pertussis _____	Diphtheria _____	Measles _____
Rubella _____		

Have difficulty with: (check if yes)

- [ ] eyes [ ] ears [ ] nose [ ] throat [ ] lungs [ ] digestion

[ ] Any condition now requiring regular medication? \_\_\_\_\_

Name of medication \_\_\_\_\_

[ ] Is his medication with him? If not, who has it? \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_

Explain \_\_\_\_\_

Is your son physically or emotionally challenged? \_\_\_\_\_

Explain \_\_\_\_\_

Adult/parent authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all activities, except as noted by me and the physician. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Adult / Parent, or Guardian

**Please submit this form along with your day camp registration form. Scouts will not be permitted to stay at camp without this form. Please keep a copy for your records.**