

Cub Scout Camp Scout Application/Medical Form



Please Print

Camp Location _____ Camp Date _____

Pack No. _____ T-shirt size: youth M, L, Adult S, Adult M (circle one size)

Name _____ Phone H: _____

Address _____

City _____ Zip _____ Boy's age at time of camp _____ Date of Birth: _____

Cub Scout will be: In grade _____ in September, working towards rank _____

Note: **3 copies needed of this form to register for each camp your scout attends**

Health Information/Parent Consent:

Parent/Guardian Name: _____ Work phone: _____
e-mail _____ other phone: _____

If above can not be reached, in case of emergency notify:

Name _____ Relationship _____

Phone _____ or _____

Family Physician _____

Phone _____

Insurance _____

Policy No. _____

Boy has or is subject to: (please write yes or no)

Asthma _____ Diabetes _____ Convulsions _____

Bee Sting allergy _____ Heart trouble _____ other _____

Medication allergy _____ Type _____

Year of last Tetanus shot _____

Any condition now requiring medication? _____ Name of medication _____

(Reason for medication) _____

Any restriction of activity for medical reasons? _____

(Explain) _____

For the safety of your child please note any special problems or concerns: _____

(failure to disclose information could result in your child being sent home for his or others safety without refund)

Emergency Consent for Minors:

(I) (We), the undersigned, parent(s) of _____, minor, do hereby authorize the adult leader(s) in charge as agents for the undersigned to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care which is deemed advisable by, an is rendered under the general or special supervision of any physician/dentist/surgeon licensed under the provisions of the Medical Practice act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of aforesaid agent(s) to give specified consent to any and all such diagnosis, treatment of hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family code of California.

Further, the undersigned consent that any Cub Scout BB Gun instructor of the Santa Clara Council may furnish a BB Gun to the above minor for the purpose of instruction in the safe handling and shooting of BB Gun and related activities.

I certify that consent is granted for film and electric media coverage of camp and its participants.

This authorization shall remain in effect until _____20____, unless sooner revoked in writing and delivered to the aforesaid agent.

Father/Guardian signature

Date

Mother/Guardian signature

Rev.2006

3 copies of form needed to register White copy-Pack Yellow copy-Camp Director Pink copy-Office