



2007 Bay Area Council Day/Twilight Camp

PERSONAL HEALTH AND MEDICAL RECORD

Class 1 (update annually for all participants). Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

CLASS 1 PERSONAL HEALTH AND MEDICAL RECORD For 2007

(Needs to be updated annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____
 Name of parent or guardian _____ Telephone _____
 Home address _____ City _____ State _____ Zip _____
 Business address _____ City _____ State _____ Zip _____

Is Parent/Guardian listed above PRESENT in camp? Y or N | *If person above is not available in the event of an emergency, notify*

Name _____ Relationship _____ Telephone _____
 Name _____ Relationship _____ Telephone _____
 Name of personal physician _____ Telephone _____
 Personal health/accident insurance carrier _____ Policy No _____

I give permission for full participation in BSA program, subject to limitations noted herein

In case of Emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Date _____ Signature of parent/guardian or adult _____

Check items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants: Yes No Explain: _____

GENERAL INFORMATION:		Yes	No	Yes	No	Yes	No	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

List any medications to be taken at camp: _____

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 (month and year) of LAST inoculation or booster, Adults only need to give the month and year of their last tetanus booster) :

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

*The Texas Department of Health Requirement #47 for Day Camps mandates that the health record includes immunizations (month and year)

NAME

Pack/Troop

CAMPSITE