

2 copies required – One for check in the other to **BE KEPT WITH THE SCOUT AT ALL TIMES**

PARENT'S PERMISSION FORM

I request that my son, _____, be permitted to go with unit # _____ on an outing/trip to **Del Mar Spring Camporee** from **March 24, 2017**, to **March 26, 2016**. He is in good physical condition. Should any illness or accident occur to him on the outing/trip, I **will not** hold liable the Boy Scouts of America, the Orange County Council or Unit _____, its officers or leaders, for medical aid rendered and will reimburse the Orange County Council, BSA or Unit _____ for all medical or other expenses incurred in behalf of my son.

My son may receive necessary first aid. He may receive medical attention by a duly licensed physician. He may be admitted to a hospital in case of an emergency. This authorization is given pursuant to section 25.8 of the civil code of this state of California and remains effective only for the event and dates listed above. Parents will be contacted immediately, if possible.

Is he presently taking medication: Yes or No What: _____
Any restrictions on activities: _____
Emergency contact – Name: _____ Phone: _____ Cell: _____
Relationship: _____
Parent/Guardian Signature: _____
Date: _____ Phone: _____

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out 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 _____
If person named 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. _____

Note: Some states require an **annual** pre-camp medical evaluation. Your BSA local council service center can advise you about the requirements for your state.

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

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner 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 participant is an adult).

Date _____ Signature of parent/guardian or adult _____

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

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

GENERAL INFORMATION:

ADHD (Attention-Deficit Hyperactivity Disorder)	Yes	No	Diabetes	Yes	No
Asthma	Yes	No	Heart trouble	Yes	No
Convulsions / Seizures	Yes	No	Hemophilia	Yes	No
Cancer / Leukemia	Yes	No	High blood pressure	Yes	No
			Kidney disease	Yes	No

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used:

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 of last inoculation.)

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