

Nacha Tindey Lodge #25 Registration/Health Form

Section C-2B Conclave - April 22, 23, 24, 2005 - Camp Rotary

PLEASE FILL OUT THIS PAGE COMPLETELY

Name _____ Date of Birth _____ Unit _____
Address _____ Phone _____
City _____ State _____ Zip _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship: Parent Guardian Other _____
Address _____ Phone (H) _____
(W) _____

Health History

HAVE OR SUBJECT TO: (CHECK IF YES)

Check here if none applies

- asthma fainting spells swimming or sports restrictions convulsions
- diabetes heart trouble allergy/reaction to any medication other _____

HAVE DIFFICULTY WITH: (CHECK IF YES)

HAVE HAD: (CHECK IF YES)

- eyes, ears, nose, throat digestion bed-wetting measles chicken pox German measles
- lungs sleepwalking mumps whooping cough diphtheria

Any conditions now requiring medication? _____ Name of medication _____

Any restriction of activity for medical reasons? Explain: _____

Any dietary restrictions? Explain: _____

IMMUNIZATIONS

Date of last inoculation

tetanus toxoid	_____	measles	_____	polio	_____
German measles	_____	mumps	_____	diphtheria	_____

The person named on this form is covered by the following medical insurance: _____

Group No. _____ Policy No. _____ Ident No. _____

Registration Information

- Youth Adult

PARENTS AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, for the event indicated above, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the Physician selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anaesthesia, or to order injection(s) for my son. I agree to comply with the registration policies of Section C-2B, Lake Huron Area Council - Boy Scouts of America.

ADULTS AUTHORIZATION

In the event that I am injured and rendered unconscious, I hereby give permission to the Physician selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anaesthesia, or to order injection(s). I agree to comply with the registration policies of Section C-2B, Lake Huron Area Council - Boy Scouts of America.

Signature of participant over 18 yrs. of age.

Signature of Parent or guardian

Complete and sign this form
Additional Registration and payment Information on Reverse Side