

Order of the Arrow Health Form

Everyone who attends will need to fill out a health form. You may make copies of this form.

Name _____

Address _____

City _____ State _____ Zip Code _____

Insurance Company _____ Policy # _____

Do you have or are subject to (check box if yes):

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Any condition that |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding Disorders | needs special care, |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Allergies | medication, or diet. |
| <input type="checkbox"/> Heart Trouble | | |

Please explain your condition _____

Immunizations (Please record the date of your last inoculation):

Tetanus: _____

Rubella: _____

Diphtheria: _____

Polio: _____

Pertussis: _____

Measles: _____

Mumps: _____

Parent Authorization

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection for my son.

Signature of parent or guardian: _____

Date: _____ Work Phone # _____ Home Phone # _____

Adult 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 years of age: _____