

YOUTH

HEALTH HISTORY FORM

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A NEW HEALTH HISTORY MUST BE FILLED OUT ANNUALLY
FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN. PLEASE PRINT IN INK.

PACK/TROOP (circle one) UNIT # _____ CAMP NAME & DATE _____

SCOUT'S NAME: _____ Date of Birth _____ Age _____ Sex _____

Home Address: _____ City _____ State _____ Zip _____

Name of Mother Or Guardian: _____ Home Telephone _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

Work Phone (_____) _____ Mobile Phone (_____) _____ Pager (_____) _____

Name of Father Or Guardian: _____ Home Telephone _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

Work Phone (_____) _____ Mobile Phone (_____) _____ Pager (_____) _____

HEALTH HISTORY

Family Physician _____ Phone _____

Personal Health/Accident insurance carrier _____ Policy No. _____

Immunizations: Please provide immunization record and date of last inoculation.

DTP/DT/Dt (tetanus): Date ____/____/____ MMR: Date ____/____/____ Haemophilus Influenza type B: Date ____/____/____

Other: _____

Have or subject to: (check if yes)

☐ Asthma ☐ Fainting spells ☐ Convulsions ☐ Swimming or sport restrictions

☐ Insect bites ☐ Cancer/Leukemia ☐ Current Infectious Diseases ☐ High Blood Pressure

☐ ADHD / ADD ☐ Diabetes ☐ Heart trouble ☐ Allergies or reaction to any medication, food, other

☐ Other _____ Describe _____

Have difficulty with: (check if yes) ☐ Eyes ☐ Ears ☐ Nose ☐ Throat ☐ Lungs ☐ Digestion

Any condition now requiring regular medication (includes prescription and nonprescription medication)? Yes ☐ No ☐

If yes, name of medication(s) _____

Is his medication with him? Yes ☐ No ☐ If not, who has it? _____

Any restriction of activity for medical reasons? Yes ☐ (specify below) No ☐ Any behavioral concerns? Yes ☐ (specify below) No ☐

If yes, explain _____

EMERGENCY CONTACTS

IF THE PARENT(S) / GUARDIAN(S) NAMED ON THIS FORM ARE NOT AVAILABLE IN THE EVENT OF AN EMERGENCY NOTIFY:

(Scout may also be released to emergency parties named in this section:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

COMPLETE A SEPARATE FORM FOR EACH CAMP YOU ARE ATTENDING

This form will not be returned; a copy is needed for each camp (photocopies are acceptable)

LAST NAME:

FIRST NAME

UNIT TYPE & #:

P = Pack; T = troop; C = crew

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**THIS IS A SINGLE-SIDED FORM.
THIS SIDE SHOULD BE BLANK.**

**PLEASE REMEMBER TO MAKE A COPY OF YOUR HEALTH FORM
AND YOUR SCOUT'S HEALTH FORM
FOR EACH CAMP**