

Office of Catholic Scouting

Adult/Youth Health History/Permission Form

Name: _____ Troop # _____

Date of Birth: ___/___/___ Age: _____ Parish: _____

Event: _____ Event Date: _____

Address: _____ City: _____ State: _____

Zip: _____ Email: _____

Guardian: _____ Home#: _____ Work#: _____

Emergency Contact (other than parents): _____

Relationship: _____ Phone #: _____

IN CASE OF MEDICAL EMERGENCY, I understand that when medically feasible, an effort will be made to contact a parent or guardian, but in the event one is not reached or if it is not medically feasible to contact one, I hereby give permission for my daughter to be treated.

Signature of Parent/Guardian

Date

Insurance Information

Insurance: (Circle) Yes or No

Insurance Provider _____

Address _____ Phone # _____

Policy Holder _____ Policy # _____

Group # _____ Effective Date _____

Primary Care Physician _____ Phone # _____

Physician's Address _____

Dentist's Name _____ Phone # _____

Dentist's Address _____

Preferred Hospital _____

Medical History Information

Allergies:

Please list all known allergies including those to medications, food and environment. If no allergies, please write "none known". Attach additional page to this form if needed.

Allergy To:	Normal reaction and management of the reaction

General Health Information:

Medical Treatments/Medications:

Dietary Restrictions:

Activity Restrictions:

Immunizations:

<u>Year primary series</u>	<u>Year of last booster</u>	<u>Year primary series</u>	<u>Year of last booster</u>
DPT _____	_____	Oral Polio _____	_____
Measles _____	_____	Rubella _____	_____
Mumps _____	_____	Tetanus Shot _____	_____

Tuberculin Test: Type _____ Year Last Given: _____ Result: _____

*I understand that restrictions may be placed on my daughter's participation in planned activities of the conditions previously described. I agree to abide by the restrictions and have her refrain from activities which may compromise her well being. She is able to engage in all activities except as noted.

*By registering I hereby give permission to the Archdiocese of St. Louis to use any photographs or video footage taken to be printed and posted on their website for promotional purposes. If individual is under 18, parent/guardian must sign.

Signature: _____

Signature of Parent/Guardian: _____ Date: _____
