

## HEALTH RECORD FOR BOY SCOUT TROOP 172/ VENTURE CREW 2172

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person in Emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health History (Describe condition/treatment where possible)

Allergies ( eg. insect stings, drugs, etc.): Please describe: \_\_\_\_\_

Conditions requiring regular medication (eg. diabetes, epilepsy): \_\_\_\_\_

Recent injuries, illness, operations: \_\_\_\_\_

Other physical disabilities or chronic conditions (eg. poor eyes): \_\_\_\_\_

Health-Medical Insurance:

Company Name: \_\_\_\_\_ Policy No. \_\_\_\_\_

I, the undersigned parent or guardian of \_\_\_\_\_

(the above described Boy Scout, a minor). assume full responsibility for his health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. The Scoutmaster of Boy Scout Troop 172/ Varsity Team 6172 will be notified of any changes in the Scout's health status prior to any camping trip or other activity; I understand this requirement to provide current information about the health and medical status of my son is a continuing requirement, so long as he participates in activities with Boy Scout Troop 172/ Varsity Team 6172.

I declare the statements on this form to be true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Father or Guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Mother or Guardian)

**AUTHORITY FOR EMERGENCY MEDICAL TREATMENT AND RELEASE**

We, the parents of \_\_\_\_\_

do hereby authorize the adult Scout Leaders of Boy Scout Troop Number 172/ Varsity Team number 6172, St. Jude Church, including its Scoutmaster and any Assistant Scoutmaster of said Troop number 172/ Varsity Team number 6172, to carry our son to any hospital, emergency room or medical treatment facility, without first obtaining our consent in the event our son is sick, hurt, or in need of medical attention and it is impracticable or impossible for a representative of said Boy Scout Troop number 172/ Varsity Team number 6172 to get in touch with us prior to obtaining medical attention for our son. We do further release and absolve St. Jude Church and School, Boy Scout Troop Number 172/ Varsity Team number 6172, and their respective officers, employees, agents, specifically including the adult volunteers, the Scoutmaster and any Assistant Scoutmasters, from any liability as a result of obtaining such medical treatment for our son.

We, the parents of the Boy Scout named above, do hereby authorize the doctor or doctors, nurses, hospital, emergency room or medical treatment facility to render the treatment necessary for the illness, sickness, or injury of our son who is brought to such hospital, emergency room, or medical treatment facility for treatment by a representative of Boy Scout Troop Number 172/ Varsity Team number 6172, St. Jude Church.

IN WITNESS WHEREOF, we have hereunto signed this medical authorization and release as the parents of the

Boy Scout named above, on and to be effective as of \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ (Father or Guardian) \_\_\_\_\_

**WITNESS:** \_\_\_\_\_ (Mother or Guardian) \_\_\_\_\_