

Health Information
For OA Lodge Activities

NAME _____ AGE _____ TROOP/CREW NO. _____

ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

IN CASE OF EMERGENCY – NOTIFY:

NAME _____ RELATIONSHIP _____

PHONE: _____

PHYSICIAN _____ PHONE _____

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HEALTH HISTORY

You may use the back to explain any conditions

[] ASTHMA [] FAINTING SPELLS [] CONVULSIONS [] DIABETES ([] INSULIN)

[] HEART TROUBLE [] HIGH B/P [] RESPIRATORY ILLNESS [] OTHER _____

[] ALLERGY TO:

[] FOOD _____

[] INSECT _____ [] PLANT _____

[] DRUG _____

[] REGULAR / EMERGENCY MEDICATION(S) _____

DO YOU HAVE THIS WITH YOU? [] Yes [] No

ANY RESTRICTION OF ACTIVITY FOR MEDICAL REASONS? [] Yes [] No

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ADULT/PARENT AUTHORIZATION: This information is correct so far as I know, and the person described is able to participate in all Lodge activities, except as noted. I give permission to use any photos made at Lodge/Section events for promotion of the Lodge/Section through various media. In the event I cannot respond, (or cannot be reached if I am the parent) in an emergency, I hereby give my permission to the physician, selected by the leader in charge, to hospitalize, secure proper anesthesia, or order injection or surgery for the above participant.

Signature of participant: _____ Date _____

Signature of parent/guardian: _____ Date _____

Medical Insurance: _____ Policy # _____