



Pathfinder/Adventurer Health History

Allergies (please list): _____

To be filled in by parents/guardian of minors or by adult campers/staff members themselves.

Name _____ Birth Date _____
Last First Initial

Social Security # _____ Sex _____ Age _____

Parent or Guardian (or Spouse) _____ Cell () _____

Home Address _____ Phone () _____
Number & Street City State Zip Code

Business Address _____ Phone () _____
Number & Street City State Zip Code

2nd Parent /Guardian/Emergency Contact _____ Cell () _____

Home Address _____ Phone () _____
Number & Street City State Zip Code

Business Address _____ Phone () _____
Number & Street City State Zip Code

If not available in an emergency, notify:

Name _____ Cell () _____

Address _____ Phone () _____
Number & Street City State Zip Code

Operations or serious injuries (dates) _____

Disability or chronic or recurring illness _____

Any specific activities to be encouraged or limited by physician's advice _____

Dietary modifications _____

Current medication (send with instructions) _____

Name of family physician _____ Phone () _____

Date of last physical examination _____

Name of family medical/hospital insurance _____

Carrier _____ Policy & Group # _____

HEALTH HISTORY (Check and give approximate dates)

Frequent Ear Infections _____	Diabetes _____	Chicken Pox _____	Hay Fever _____
Heart Defect/Disease _____	Bleeding/Clotting Disorder _____	Measles _____	Insect Stings _____
Convulsions/Seizures _____	Hypertension _____	German Measles _____	Penicillin _____
	Mononucleosis _____	Mumps _____	Asthma _____

IMMUNIZATION – Give month & year of basic immunization & boosters

VACCINES		BASIC SERIES	LAST BOOSTER	VACCINES		BASIC SERIES	LAST BOOSTER
Diphtheria } Pertusis } Tetanus }	DPT or DT			Oral Polio Measles Mumps Rubella }	MMR		

Important – this Box Must be Completed for Attendance*

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.

Emergency Authorization: I hereby give permission to the medical personnel selected by the camp/club director to order x-rays, routine tests and treatment for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp/club director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. This form may be photocopied for use out of camp.

Signature of parent or guardian or adult camper/staffer _____

Witness _____ Date _____

I also understand and agree to abide with the restrictions placed on my activities.

Signature of minor _____

*If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.