

**CLASS 1 MEDICAL FORM FOR CUB SCOUTS AND FAMILY MEMBERS
FOR FAMILY CAMP WEEKENDS USE**

Family Camp Weekend date: _____
Adult _____ **Youth** _____

Name _____ Date of Birth _____ Pack # _____
Address _____ Adult Scouting Position _____
City/Town _____ State _____ Zip _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship _____
Address _____
Home Phone _____ Other way to reach this person _____
Physician's Name _____ Physician's Phone _____

HEALT HISTORY (Have you had: mark "past" or "now" or leave blank)

Sinus Trouble _____	Asthma _____	Fainting Spells _____
Rheumatic Fever _____	Earache/Infection _____	Diabetes _____
Epilepsy _____	Tuberculosis _____	Frequent Diarrhea _____
Kidney Disease _____	Heart Trouble _____	For Women: _____
Hay Fever _____	Severe Stomachaches _____	Menstrual Problems _____

Other allergies or reactions to any medications? _____

Do you tire easily? _____ Do you get out of breath easily? _____

Have you had more than a brief illness or injury in the past year? _____

If so, what? _____

Any condition now requiring regular medication or treatment? _____

Operations or serious injuries (dates) _____

Any restriction of activity for medical reason? _____

Explain _____

Immunizations

Date of Last Inoculation

Tetanus Toxin	_____
Diphtheria	_____
Mumps	_____
Polio	_____
Other	_____

Per State of Maine regulations:
"Up to date" is not acceptable
Please list month and year of last
inoculation.

PARENT AUTHORIZATION

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 by me and the physician. In the event I cannot be reached in an emergency, I give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia or order injection or surgery for my son or myself.

Signature _____ **Date** _____
Parent or Guardian

() We have accident coverage with _____
Name of Company Policy #

Talent Release Form

I, being the parent/legal guardian of _____, hereby consent that his image or likeness may be used by the Pine Tree Council, its assigns or successors, in whatever way they desire for future promotional pieces. Furthermore, I hereby consent that such photographs, films and electronic images shall be their sole property and Pine Tree Council has the right to duplicate and reproduce the images as they may desire free and clear of any claim whatsoever on my part.

Name of minor: _____ **Pack #** _____

Signature of Parent/Guardian: _____