

**CLASS 1 MEDICAL FORM FOR CUB SCOUTS AND CUB PARENTS
FOR DAY CAMPS & FUNPACK WEEKENDS USE**

Please complete camp program you are attending:

Day Camp at _____ (location) Date: _____

FunPack Weekend date: _____

Adult _____ Youth _____

Please make
sure you sign
the Talent
release form
on back!

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: _____