

MEDICAL INFORMATION

Physician _____

Phone _____ Office Location _____

My child has difficulty with the following (check all that apply):

____ Asthma ____ Heart ____ Digestion ____ Diabetes ____ Convulsions

____ Eyes or Ears ____ Fainting ____ Hemophilia ____ Epilepsy ____ Allergy (explain)

Allergic to _____

Reaction to _____

Treatment _____

Physical restrictions (accompanied by physician note) _____

My child will be taking medications during camp ____ Yes ____ No

Medication _____ For _____

Last Tetanus shot _____ Last physical _____

Certification statement: This health history is correct so far as I know

Signature of Parent/Guardian _____ Date _____

INCLUDE THIS FORM AND T-SHIRT MONEY WITH CUB SCOUT REGISTRATION FORM