Scout's last name, first name, middle initial

Venture Scout ☐ Adult Scout ☐

Address

Home phone number

Parent / Guardian last name, first name

Work phone number

Parent / Guardian last name, first name

Work phone number

Insurance carrier

Policy number

Insured

Date of last physical exam

Date of birth

ALLERGIES

Check all that apply

1. Foods ☐
2. Insects ☐
3. Medications ☐

Check all that apply

4. Plants ☐
5. Pollen ☐
6. Other ☐

Describe symptoms and treatment for allergies

HISTORY OF

Check all that apply

1. Fainting Spells ☐
2. Hearing impairment ☐
3. Frequent ear infections ☐
4. Motion Sickness ☐
5. Nose bleeds ☐
6. Bed wetting ☐
7. Wears glasses ☐
8. Kidney disease ☐
9. Broken bones ☐
   Which
10. Congenital or other heart disease ☐
    Which

Check all that apply

11. Learning disabled ☐
    Medications
12. Emotional disturbance (specify) ☐
13. Asthma ☐
    Medications
14. Epilepsy ☐
    Medications
15. Diabetes ☐
    Medications
16. Sickle Cell anemia ☐

17. Activity restriction required (specify)
18. Medication not listed above, but taken on a regular basis
19. Any other information you think may be helpful to adult in charge

20. Immunizations (mark if current) MMR ☐ Polio ☐ DPT ☐ TB test ☐ pos / neg **(circle one)**
21. Last tetanus shot (year)
22. **Adult may administer the following ONLY of initialed by parent / guardian**
    Tylenol, as needed for headache or pain
    Sting Kill - bee, wasp, hornet stings
    After bite, as needed for itching