

MEDICAL FORM

Scout's Name: _____ E Mail _____ Cell Phone _____

Parent's Information: PLEASE PRINT

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____
Work Phone _____ Ext _____	Work Phone _____ Ext _____
E Mail _____	E Mail _____

Emergency Contact: Doctor's Information:

Name _____	Name of Practice _____
Address _____	Doctor's Name _____
City _____ State _____ Zip _____	Address _____
Home Phone _____ Cell Phone _____	City _____ State _____ Zip _____
Work Phone _____ Ext _____	Office Phone _____ Office Fax _____
E Mail _____	E Mail _____
Relationship _____	Notes <div style="border: 1px solid black; width: 350px; height: 30px; display: inline-block;"></div>

DATE OF LAST TETANUS SHOT _____ DATE OF BIRTH _____

Are there any allergies or medical conditions of which we should be aware? ☐ NoneWhat medication, if any, does your child take on a regular basis? ☐ None

In case of emergency, my son _____ may receive necessary first aid treatment, receive medical treatment by a duly licensed physician and/or be admitted to a hospital in case of emergency. This remains in effect for the following calendar year _____ or the following dates: _____

Parent's Signature: **X** _____ Date _____
Insurance Co. _____ Phone _____ Policy Number _____
Name of Insured _____*Please keep this information updated with the troop.***PRINT****CLEAR**

FORM 92 (1/1/12)

Class 1 Boy Scout Medical Form 2013

Lei Huang

A red circular graphic with a gradient, appearing as a partial circle or a thick curved line, located to the right of the name bar.

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