

**Gemstone District Day Camp 2022**

June 20-24

Cost is 75.00

**Please print:**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

DOB \_\_\_\_\_ Current Grade \_\_\_\_\_ Pack # \_\_\_\_\_ Rank at time of camp \_\_\_\_\_

Address \_\_\_\_\_ (Wolf, Bear or Webelos)

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent E-Mail, please

print \_\_\_\_\_

**Health History:**

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Have or is subject to: (check if yes)

\_\_\_\_\_ Asthma \_\_\_\_\_ Carries inhaler \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Sports Restriction

\_\_\_\_\_ Diabetes \_\_\_\_\_ Convulsions \_\_\_\_\_ Fainting Spells

\_\_\_\_\_ Allergic Reaction (please specify) \_\_\_\_\_ Carries Epi-pen \_\_\_\_\_

\_\_\_\_\_ Other - describe in detail \_\_\_\_\_

Has Cub Scout had a recent DPT injection? \_\_\_\_\_ When? \_\_\_\_\_

Health Insurance Info: Company \_\_\_\_\_ Policy# \_\_\_\_\_

**Other Instructions:**

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Person authorized to pick up child \_\_\_\_\_

**In case of emergency notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**Parent Authorization:**

This Health History is correct so far as I know, and the person (Cub Scout) herein described has permission to engage in all prescribed activities, except as noted by me in Other Instructions above. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, and/or to order injection for my son.

Signature \_\_\_\_\_

Parent or Guardian

Date

Home Phone

Work Phone

T-Shirt Size-Child S \_\_\_\_\_ Med \_\_\_\_\_ L \_\_\_\_\_ Adult S \_\_\_\_\_ Med \_\_\_\_\_

Want Extra T-Shirt Yes \_\_\_\_\_ No \_\_\_\_\_

Cost 10.00 For Extra's