



ORDER OF THE ARROW NENDAWEN LODGE 618

HEALTH FORM

**EVERY PERSON ATTENDING THE ORDEAL MUST FILL OUT THIS FORM.
(COPY FORM AS NEEDED.)**

Name _____ Troop # _____

In case of emergency notify:

Name _____

Relationship _____

Address _____ Phone # _____

Family Physician _____ Phone # _____

HEALTH HISTORY

Has or is subject to: (CHECK IF YES)

_____ Asthma _____ Fainting Spells _____ Convulsions _____ Diabetes _____ Allergies
_____ Heart Trouble _____ Allergic Restrictions _____ Other (explain) _____

Has difficulty with: (CHECK IF YES)

_____ Eyes _____ Ears _____ Nose _____ Throat _____ Lungs _____ Digestion

List any medication you are currently taking: _____

Who will have the medication with them? _____

Explain any restriction for medical reasons: _____

****PARENT AUTHORIZATION: This Health History is correct to the best of my knowledge, 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 hereby give permission to the physician, selected by the adult Leader in charge, to hospitalize, secure proper anesthesia, or to order injection, surgery, or treatment for my son, daughter, or myself.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

PLEASE BRING THIS FORM TO THE ORDEAL WITH YOU AND TURN IT IN ON FRIDAY NIGHT. DO NOT TURN IT IN TO THE COUNCIL SERVICE CENTER.