HEALTH AND MEDICAL INFORMATION

(Required by All Participants Youth or Adult)

GENERAL INFORMATION

Name _____ Date of Birth _____/_____/_____ Age _____

Male Female *(please circle)* Social Security #_____ (*optional; may be required by medical facilities for treatment)*

Religious preference _____ Grade completed (youth only) _____

Address _____

City _____ State____ Zip_____ Best Phone #: (_____) _____-_____

Health/Accident Insurance Company _____ Policy No. _____

In case of emergency, notify:

Name _____ Relationship _____

Address _____

City _____ State____ Zip_____

Home Phone (_____) _____-_____ Business Phone (_____) _____-_____ Cell Phone (_____)_____-_____

HEALTH HISTORY & INFORMATION

Please list any Health Issues that we should know about: _____

Are you allergic or have a reaction to any medications, food, plants or insect bites? _____Yes _____No

If yes, please list: Medication_____

Food, Plants, or Insect Bites_____

Date of last Tetanus Shot _____/_____

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

I understand that participation in activities at Latimer Reservation involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the camp personnel or adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA and professionals who need to know of medical situations that might require special consideration for the safe conducting of activities at Latimer Reservation.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

☐ Without restrictions
☐ With special considerations or restrictions (list) _____

Participant's Name_____

Participant's Signature_____ Date _____/_____/_____

Parent/Guardian's Signature_____ Date _____/_____/_____

(If participant is under the age of 18)

Form must be presented during the check-in process

Latimer Reservation is owned and operated by the Middle Tennessee Council, Boy Scouts of America