

Cub Scout Information and Medical Care Permission Form  
2008-2009

Scout Name: \_\_\_\_\_ Grade in September: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ 2007/2008 Den Leader: \_\_\_\_\_  
2007/2008 Den #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Secondary E-mail address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Father's work #: \_\_\_\_\_ Mother's work #: \_\_\_\_\_  
Father's cell #: \_\_\_\_\_ Mother's cell #: \_\_\_\_\_

If parents can't be reached, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Information – please check all that apply and explain below

- Allergy to medicine, food, plant, animal or insect toxin  
 Any condition that may require special care, equipment, medication or diet  
 ADHD       Asthma       Convulsions       Dentures  
 Heart Trouble       Contact Lenses       Diabetes  
 Fainting Spells       Bleeding disorders

Explanation (Use reverse side if necessary): \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult leader in charge to secure proper medical treatment for my son, including hospitalization, anesthesia, surgery or the injection of medication

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_