

TROOP 2--HEALTH HISTORY

Scout's Name: _____ Birth Date: _____

Date of last physical exam: _____ Examining Physician: _____

Health Insurance Carrier: _____

Policy Number: _____ Ins. Phone #: _____

Name of Insured: _____ Employer: _____

Other important insurance information we may need to know: _____

1. List communicable diseases and/or serious illnesses or surgeries which Scout has or has had. If none, please state.

2. List any known drug reactions and allergies which the Scout has or has had. If none, please state.

3. List any prescription or non-prescription medication the Scout needs to take. If none, please state.

Name of Medication:	Dosage:	Frequency:	Prescribing Physician:

4. Describe any special diet your Scout may be on. If none, please state.

5. List any activities your Scout should not participate. If none, please state.

Date of last tetanus shot: _____

There is no other information regarding the physical or mental status of the Scout that Troop 2 should be aware.

Parent/Guardian Signature: _____ Date: _____

There is other information regarding the physical or mental status of the Scout that Troop 2 should be aware and it is attached:

Parent/Guardian Signature: _____ Date: _____

Note #1: Taking proper medications and following prescribed diets are the Scout's responsibility and not Troop 2 or its adult leaders. Troop 2 adult leaders will remind Scouts about meds. However, ultimate responsibility for taking meds is up to the Scouts. If Scout refuse to take meds of follow their diet, they could be removed from any Troop activity.

Note #2: It is the responsibility of the parent/guardian to provide Troop 2 with an updated health history form should there be any change in the information provided above.

Parent/Guardian Signature: _____ Date: _____

BSA Troop 2
Authorization to Attend Outings

_____ (Scout's Name) has my/or permission to attend all Troop 2 Outings.

Troop 2 Outings include all official Troop 2 functions and include (but are not restricted to) meetings (whether held at the regular meeting place, swimming pool, climbing gym, or other designated locations), Troop service projects, campouts, advancement meetings, planning meetings, patrol meetings, and training sessions. Summer camp is excluded from this authorization.

I/we acknowledge that Troop 2 is outdoor-oriented and emphasizes high adventure outings to a greater extent than most other Boy Scout Troops. I/we acknowledge that it is my/our responsibility to take the necessary actions to be informed of the activities planned for any outing and to make the necessary judgement whether my/our son is physically, mentally, and emotionally qualified to participate in the activities planed for each outing.

I/we acknowledge that if my/our son does not attend meetings on a regular basis, he will not have all the information about outings and will probably be unprepared. It is my/our responsibility to get my son to meetings on a regular basis so he can plan with his patrol, understand Troop plans, and participate in any training activity.

I/we acknowledge that Troop 2 is governed by a set of bylaws available in the leader's area of the troop website at troop2.homestead.com/Leaders.htm or in print from the troop registrar or Committee Chairman. I/we agree to be bound by these bylaws, by the rules, regulations, and guidelines of the Boy Scouts of America, and by the local rules of camps or events in which we may participate.

Signatures:

Father: _____
Mother: _____
Guardian: _____

Date: _____
Date: _____
Date: _____

Tour Permit Information

Scout Name: _____ Date: _____

The following information is required by the BSA Pikes Peak Council for insurance purposes on all "official" Troop 2 outings where there will be transportation for Scouts by other Troop 2 adults--registered leaders and/or other parents. Failure to submit the proper permit 24 hours before an outing will exclude us from council insurance coverage.

Please list all potential drivers (parents, step-parents, and non-custodial parent/step-parent, etc....)

At any time, if this information changes, it is very important that you update this form!

Name:	Vehicle Yr/Make/Model	Driver Lic #	A Liability Limits	B Number of Passengers

Note:

A For liability limits, please indicate coverage--for example, \$50,000/\$100,000/\$50,000

B: Number of passengers includes the driver and must include seat belts for ALL passengers.