



Hungarian Scout Association in Exteris
Külföldi Magyar Cserkészszövetség

Troop Number:

Csapat Szám:

Camp:

Tábor:

Health Information Form Egészségügyi Információ Űrlap

Name (Last, First, MI):

Date of Birth:

Age:

Male

Female

Home Address:

City:

Postal Code:

State/Province:

Country:

Main Phone:

Alternate Phone:

Emergency Contact:

Relationship:

Main phone:

Alternate Phone:

Alternate Emergency Contact:

Name:

Relationship:

Main phone:

Alternate phone:

Health Insurance Information: Attached: yes no

Please attach a copy of camper's insurance card(s) or insurance company information.

Immunization Record: Attached: yes no
If camper is under 18 years of age please attach immunization record.

Note: State law requires that this information be accurate and complete with dates of vaccination. Minor campers are not permitted to remain in camp if this information is incomplete!

Meningitis Vaccination: Please attach completed Form 3 (for minor campers) Attached: yes no

Physicians' Contact Information

Doctor's Name:

Phone:

Specialist's Name:

Specialty:

Phone:

Are you currently being actively treated for anything? yes no

If yes, describe the condition(s):

Mandatory for campers under 18 years of age: Form 2 attached yes no

***Current medications, as well as medications authorized by camper's physician to be dispensed by camp staff, must be listed on Form 2 ***

List any special instructions that camp health staff need to be aware of to ensure camper's health during camp:

Allergies

Do you have any allergies to medications? Yes No Name the medication(s):

Do you use an epinephrine auto-injector? Yes No Explain:

Do you use an asthma rescue inhaler? Yes No

Do you have allergies to:	Yes	No	Name/Type	Describe reaction severity (mild, moderate, severe)
Insects				
Animals				
Plants				
Foods				
Other				

Medical History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	
		Asthma/ Reactive airway disease	
		Hypertension (high blood pressure)	
		Adult or congenital heart disease / heart attack / chest pain (angina) / heart murmur /coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers	
		Stroke / TIA	
		Lung / Respiratory Disease	
		Eyes / Ears / Nose / Sinus	
		Muscle or Bone disease	
		Head injury / Concussion / TBI	
		Altitude Sickness	
		Psychiatric / Psychological or emotional difficulties	
		Neurological / Behavioral Disorders	
		Blood Disorders	
		Fainting Spells / Dizziness	
		Kidney Disease	
		Seizures or Epilepsy	
		Abdominal/ Digestive / Stomach Problems	
		Thyroid disease	
		Skin Issues	
		Obstructive Sleep Apnea / sleep disorders	
		Surgeries / Hospitalizations	
		Any medical condition not listed above	

Consent for Participation in Water Sports and Activities

Grant permission for camper to participate: Yes No

Swimming Ability: Non-swimmer Beginner Intermediate Advanced

Certificate (Type, Issuing Agency):

Consent to Medical Treatment

I understand that camping involves activities that pose inherent risk, including the use of sharp tools, open fires, and strenuous physical activity. I/the above-named camper will participate in those activities voluntarily and will follow all supervisory directions.

To the best of my knowledge, I/the abovenamed camper, am/is in good health and do/does not suffer from any physical, mental, or emotional problems preventing the participation in camp activities.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader.

In the event that the designated contact person cannot be reached, permission is hereby given to the medical provider selected by the 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 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 hereby fully release and waive any and all claims for damages, losses and related costs and expenses against the Hungarian Scout Association, its troops, leaders, volunteers and associates, as well as its participants and agents resulting from or related to any physical or emotional harm or injury sustained by me/my child while participating in any scouting activities, or from any liability which may result from medical services administered pursuant to this consent

Signature: _____

Relationship to camper:

Printed Name:

Date: