

Health & Medical Record - State of Michigan

Must be attached to the BSA Annual Health & Medical Record

Name _____ Unit # _____ Campsite _____

<input type="checkbox"/> YOUTH	PLEASE CHECK ONE BOX ONLY & COMPLETE THE APPROPRIATE SECTION BELOW	<input type="checkbox"/> ADULT
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The following authorization is required by the Michigan Department of Consumer and Service Industries pursuant to PA 116 of 1973 and administrative rule 127(1).

YOUTH SECTION

RELEASE OF CAMPERS FROM CAMP

Authorization is granted for the release of the aforementioned individual to employees, staff, volunteers & camp staff of the Lake Huron Area Council #265, Boy Scouts of America. In addition, only those individuals listed below are authorized to remove the aforementioned individual from summer camp during their period of camping - Administrative Rule 11126.2

Name		Relationship	
Name		Relationship	
Name		Relationship	
Name		Relationship	

*** Please Note: List spouse above if both parents have not signed authorization below ***

The health history contained herein is correct, so far as I know, 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 here by give permission to the physician selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) for my son (or daughter). The person herein described is in good health, has all required immunization current, and I assume the health responsibility for the individual:

Date _____ Signature _____
 Parent or Guardian - Valid for 1 year from date signed

ADULT SECTION

Registered position with the BSA:	
Position in camp:	
Number of years/seasons in summer camp as an adult leader:	
Number of years in leadership or short-term Scout camping:	

Have you ever been convicted of anything other than a minor traffic violation? Yes - Please explain on back No

The information contained in this form is correct to the best of my knowledge.

Date _____ Signature _____
 (Adult)