**ERIE SHORES COUNCIL**

**BOY SCOUTS OF AMERICA**

**C.O.P.E.**

**Health/Understanding Form**

Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Course Date: \_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Street, city zip

Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Medical Information for Participant

Check all items that apply to health history, past or present, and give explanation for all checks.

Allergies Asthma \_\_\_\_\_

Food \_\_\_\_\_\_\_\_\_\_ Convulsions/Seizures \_\_\_\_\_

Medicine \_\_\_\_\_\_\_ Diabetes\_\_\_\_\_\_\_

Insects \_\_\_\_\_\_\_\_\_ High Blood Pressure \_\_\_

Other \_\_\_\_\_\_\_\_\_\_ Kidney Problems \_\_\_\_\_\_

Back Problems \_\_\_\_\_ Head/Neck Problems \_\_\_

Sprains \_\_\_\_ Broken Bones \_\_\_\_\_

Surgery \_\_\_\_ Hernia \_\_\_

Serious Injury \_\_\_ Serious Illness \_\_\_

Ears\_\_\_\_\_ Eyes \_\_, Glasses\_\_\_

Contacts \_\_\_\_\_ Nervous Condition \_\_\_

Teeth \_\_\_, Dentures \_\_\_\_\_, Bridge\_\_\_\_\_\_ Mental Retardation \_\_\_ Fainting \_\_\_\_\_\_\_\_ Hemophilia \_\_\_\_\_\_

Heart Condition \_\_\_\_\_ , Murmur \_\_\_\_\_\_\_ Rheumatic Fever \_\_\_

Acrophobia / fear of heights \_\_\_\_\_\_\_\_

Claustrophobia (fear of narrow or closed spaces) \_\_\_\_\_\_\_\_

Last Tetanus toxoid innoculation date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications to be taken, and schedule for them, while at camp:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any physical or behavioral conditions that might prevent full participation in strenuous physical and mental activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health/Accident Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of an emergency**, please contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business address and phone: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the person named above is not available, please contact:

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

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

Preferred Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Medical Authorization**

I understand that every effort will be made to contact my spouse or next of kin at the above number(s). In the event that they can not be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, injections, or medication for me.

Date: \_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of Understanding**

I am aware in signing this statement of understanding for participation in C.O.P.E. that certain activities are physically, mentally and emotionally demanding. Physical fitness will increase my ability to participate. I shall consult with the Instructor before participation in any activity in which I feel my ability to participate may be limited or if I have questions about an activity. Some of the possible dangers that I may encounter while on the C.O.P.E. course include, but are not limited to, poison ivy, falling on the trail, cuts, bumps, bruises, insect bites, sprains, and fractures. Trained Instructors will supervise all activities to minimize risks. C.O.P.E. activities are held outside in all types of weather. I shall dress accordingly (rain gear, gloves, warm clothing). I recognize the necessity of following all safety procedures and instructions during activities on the C.O.P.E. course. I acknowledge the risks associated with this activity.

Date: \_\_\_\_\_\_\_\_\_\_\_ Signature of parent/guardian or adult participant:\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_ Signature of youth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_