

PARENT AUTHORIZATION

This health history is correct so far as I know, and the boy herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to give medical treatment and/or hospitalize, secure proper anesthesia, or to order injection or surgery for my son. I also authorize the On-site Health Officer (Nurse) of the Piedmont District Cub Scout Day Camp to act for me according to the best judgment for any emergency requiring minor medical attention and any medication listed by me in this health record. All other attention will be referred to a medical physician.

Parent or Guardian must sign below:

Signed: _____ **Date:** _____

******Packs need to register together as a unit.
Turn in registration forms to your Cub Master or
Pack Day Camp Coordinator******

**Make Checks payable to:
"Old Hickory Council - Piedmont Day Camp"**

**YOUTH APPLICATION
AND
HEALTH RECORD**

(use this form for Cub Scouts and Pixie Campers)
**Piedmont District Cub Scout Day Camp
2008**

******Packs need to register together as a unit.***
***Turn in registration forms to your ***
Cub Master or Pack Day Camp Coordinator***

NAME: _____ **PACK #:** _____

If scout is a Tiger, please list who will be attending with him as a guest below:

Tiger Parent/Guardian Name: _____

If more than one parent: _____

"Indian Pixie": ___ YES ___ NO

(Information below to be completed by Camp Staff)

Scout Indian Den Name: _____

Parent/Guardian working: ___ yes ___ no

Location: _____

Days working: Mon. ___ Tues. ___ Wed. ___ Thur. ___ Fri. ___

