

Senior Navigator Registration

Chapter No. _____

Date: _____



Senior Navigator

First Name Middle Name Last Name

Address Apt.# City State Zip Code

Date of Birth School

Parent/Guardian Information Relationship _____

First Name Middle Name Last Name

Address (if different than above)

Home Phone Cell Phone e-mail

Parent/Guardian Signature Date

Personal Health History

Allergies: Food, medicines, insects, plants Yes ___ No ___ Explain _____

ADHD (Attention Deficit _____ Asthma Y__N__ Convulsions Y__N__ Heart Trouble Y__N__ High blood pressure Y__N__
Hyperactivity Disorder) Y__N__ Cancer Y__N__ Diabetes Y__N__ Hemophilia Y__N__ Kidney Disease Y__N__

List any medications to be taken at camp _____

List any physical or behavior conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games _____

List equipment needed such as wheelchair, braces, contact lenses, etc. _____

Immunizations (give date of last inoculation)

Tetanus toxoid _____ Pertussis _____ Mumps _____ Polio _____
Diphtheria _____ Measles _____ Rubella _____

Name of personal physician or clinic _____ Telephone _____

Personal health insurance carrier _____ Policy No. _____

Parent Authorization:

This health history 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. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personal dictates.

Signature _____ Date _____

Parent or guardian