

**Health Insurance Portability and Accountability Act Form
regarding confidential health records for Troop 2806 (806)**

(Complete one form for each scout or adult associated with any outing.)

Date: _____

Scout's name: _____

Parent's names: _____

Address: _____

Emergency Phone numbers: 1. _____

2. _____

3. _____

Doctor's Name and phone number: _____

As a parent and/or leader with Troop 806, I agree to promote the confidential health records of each scout, leader, family, and visitor associated with our organization. I will only utilize confidential health information to promote the safety and well-being of each person during all activities and especially those requiring first aid, physical, and psychological assistance.

Signature of Parent

Signature of Parent

Scout Information:

Allergies(Include insects, pollens, foods, medications, poison ivy, etc.): _____

Health Problems: _____

Psychological/Behavioral Issues (including those not requiring medications): _____

Phobias? (Include bugs, snakes, water, heights, etc.): _____

What is the best way for a leader to calm the scout down should the scout come in contact with a phobia?

Does your child have sleeping issues and how should the leaders help the scout? _____

Does your scout get homesick easily? _____

Does your scout have problems eating foods commonly found at outdoor camping trips? _____

Other information that the leaders may need to know? _____

When was your scout's last Tetanus Shot? _____

Can the adult leadership of the Troop provide your scout with basic medications as needed like Pepto-Bismol, Imodium for diarrhea, Tylenol, Advil, Aleve, Calamine lotion, Bacitracin type ointment, and other medications found over the counter at the drug store? _____

Medications, doses, and times of medications taken on a regular basis:

Please give **all** medications to the designated leader at each outing!!! No exceptions.
Can write on the back if necessary.