



# Health History Form – Adult Volunteer

1. **Adult's Full Name** \_\_\_\_\_  
Age \_\_\_\_\_ Birth date \_\_\_\_\_  
Legal Address \_\_\_\_\_  
Main phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

2. **Emergency Information**  
Please list the name of the individual you would like contacted if you experience a medical emergency:  
Full Name \_\_\_\_\_  
Relationship to you \_\_\_\_\_ Phone Number \_\_\_\_\_

3. **Medical Information (Mandatory)**  
Health Insurance Company Name \_\_\_\_\_  
Do you have any allergies and/or dietary restrictions (check one)  Yes  No  
If YES, explain: \_\_\_\_\_  
Do you carry an epi-pen, diabetes medication, or inhaler (circle all that apply):  Yes  No  
I give my permission to give acetaminophen (Tylenol) as deemed necessary:  Yes  No  
I give my permission to give Tums for stomach distress as deemed necessary:  Yes  No

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## PERMISSION FOR EMERGENCY TREATMENT

In the event of an emergency situation, I cannot speak for myself and my emergency contact cannot be reached, I hereby give permission to the physician selected by the Troop Leader, \_\_\_\_\_, to secure and administer treatment, including hospitalization, for the me.

Adult Volunteer Name (print) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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## TO BE COMPLETED BY THE TROOP LEADER / SUM

Form Was Received by Troop Leader / SUM (name) \_\_\_\_\_  
Leader/SUM signature \_\_\_\_\_ Date \_\_\_\_\_