

EAST TEXAS AREA COUNCIL  
BOY SCOUTS OF AMERICA  
ORDER OF THE ARROW\* TEJAS LODGE  
**HEALTH HISTORY**  
**(PLEASE PRINT)**

Name: \_\_\_\_\_  
Insurance Co: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Emergency Contact Phone Number(s):  
(     ) \_\_\_\_\_  
(     ) \_\_\_\_\_

Have or Subject to: (Check all that Apply)

- Asthma
- Convulsions
- Diabetes
- Medication Allergies:
- Condition requiring special provisions:

- Fainting Spells
- Bleeding Disorders
- Heart Trouble

\_\_\_\_\_

- None of the above apply

Have difficulty with (check if yes):

- Eyes, ears, nose, throat
- Lungs/Breathing
- Digestion
- Sleep

Any condition now requiring regular medication?  
\_\_\_\_\_

Any restriction of activity for medical reasons?  
\_\_\_\_\_

Are Immunizations Current? Yes\_ No \_\_\_\_

**Parental Authorization**

This health information is correct. The person named above has permission to engage in all activities as described with exceptions noted. In the event that I cannot be reached at the emergency numbers above, I give permission for appropriate medical care to be sought and administered.

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

Date: \_\_\_\_\_  
(Parent or Guardian signature if under 18 years of age)