



Car Insurance Information



(One form per Family)

BSA Travel Permits are required for every outing in which automobiles are used to transport the Scouts. Please fill out the information below and hand it to any adult leader at your first opportunity. This does not obligate you to drive, it simply takes care of the paperwork in advance should you choose to do so at some future time.

Vehicle Description(s):

Vehicle 1:

year _____ make _____ type (van, wagon, etc) _____ # seat belts _____

Vehicle 2:

year _____ make _____ type (van, wagon, etc) _____ # seat belts _____

Auto insurance coverage:

Liability: \$ _____ per person \$ _____ per occurrence \$ _____ property damage

Driver Information:

Driver 1:

Full Name _____ License number _____ State _____ Expiration Date ____/____/____

Driver 2:

Full Name _____ License number _____ State _____ Expiration Date ____/____/____

Class 1 Personal Health History

(Update annually, using form No. 34414.)

PLEASE PRINT. DO NOT WRITE THROUGH CARBONS.

Identification: To be filled out by parent or guardian. Please print in ink.

Name _____ Date of birth _____ Age _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ ZIP _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

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

General Information:	Yes	No	Yes	No	Yes	No	Yes	No			
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

List any medications to be taken at camp: _____

List any physical or behavioral 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, glasses, contact lenses, etc.: _____

Immunizations (give date of last inoculation):

Tetanus toxoid _____ Pertussis _____ Mumps _____ Polio _____

Diphtheria _____ Measles _____ Rubella _____

Name of personal physician _____ Telephone _____

Personal health/accident 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 personnel dictates.

Signature _____ Date _____

Parent or guardian