



BARBADOS BOY SCOUTS ASSOCIATION

NATIONAL ACTIVITIES - YOUTH REGISTRATION FORM

FULL NAME:

DATE OF BIRTH: RELIGION: GROUP:

PARENTS/GUARDIANS

In case of emergency, please contact:

NAME: TEL.#: (H) (W)

ADDRESS: (C)

NAME: TEL.#: (H) (W)

ADDRESS: (C)

MEDICAL INFORMATION

Does your son/ward have or is subject to: *(Please circle Yes or No for each of the following medical conditions)*

ALLERGIES: YES/NO FOOD YES/NO INSECT BITES YES/NO MEDICINES YES/NO PLANTS

If Yes, Details:

YES/NO ASTHMA	YES/NO ADHD (ATTENTION DEFICIT HYPERACTIVITY DISORDER)	YES/NO BLEEDING DISORDERS
YES/NO BRONCHITIS	YES/NO CONSTIPATION	YES/NO CONVULSIONS/SEIZURES
YES/NO DIABETES	YES/NO EPILEPSY	YES/NO FAINTING SPELLS
YES/NO HEADACHES/MIGRAINE	YES/NO HEART TROUBLE	YES/NO HIGH BLOOD PRESSURE
YES/NO KIDNEY DISEASE	YES/NO MOTION SICKNESS	YES/NO NERVOUS CONDITION
YES/NO SICKLE CELL DISEASE	YES/NO SLEEPWALKING	YES/NO OTHER

If Yes, Details:

Is he under medical care or taking medication? Details:

Date of last Tetanus Shot: Blood Group:

Is he covered by Medical Insurance? Details:

PARENTAL PERMISSION

I,, give permission for my son/ward,, to attend the at from to

In case of emergency, I understand every effort will be made to contact me, or other named emergency contact person. In the event neither can be reached, I hereby give my permission to the licensed Medical Practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, and/or injections of medication for my son/ward.

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Parent/Guardian Date