

**Troop 714 and/or Venture Crew 714**  
**Attachment to Annual BSA Health & Medical Record**  
**2014 - 2015**

**BSA Member Name:** \_\_\_\_\_

Circle one of these:      Scout                  Venturer                  or                  Adult

Complete Home Address: \_\_\_\_\_  
(include city, state, zipcode)

Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date of last Tetanus or Tdap booster: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

**Parent/Guardian #1 (or Adult member info)**

**Parent/Guardian #2 (or Spouse, if Adult member)**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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The above named person is restricted from the activities listed below:

\_\_\_\_\_

Please list any dietary concerns or restrictions:

\_\_\_\_\_

Please list any other special needs or information that we need to be aware of:

\_\_\_\_\_

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(if any of the answers to the above 3 statements are none, then please write in "none")

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian, or Adult member)

Printed name of Parent/Guardian \_\_\_\_\_