Langundowi Lodge #46

Order of the Arrow

Scouting's National Honor Society

French Creek Council, BSA

1815 Robison Road West
Erie, PA 16509-4999

Ordeal Registration Form

Note: All reservations must be accompanied by this form.
No reservations will be accepted without this form, completed on both sides.

Please Print all information

Please Check which Ordeal you plan to attend: _____ July (5, 6, & 7th) _____ August (16, 17, & 18th)

Name_____

Address _____

City, State, Zip _____

Telephone _____ Date of Birth _____

email Address _____

District and Unit _____

Name of Parent of Guardian _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

<u>If the person named above is unavailable in the event of an emergency, please notify:</u>

First Choice Name _____

Relationship_____ Telephone _____

Second Choice Name _____

Relationship_____ Telephone _____

Name of Physician_____

Telephone _____

Personal Health/Accident Insurance Carrier _____

Policy Number _____

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injection of medication for my child (or me, if an adult).

Date _____ Signature of parent/guardian or adult _____

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Medical History

Scout's Name: _____

General Description of Health_____

Height _____ Weight _____

Check all items that apply, past or present, to your medical history. Explain any YES answers.

Allergies: Food, medicine, insects, plants, etc ____ Yes ____ No
Explain: _____

General Information:

	Yes	_ No		Yes	No_		Yes	No
Asthma	___	___	Diabetes	___	___	High Blood Pressure	__	___
Cancer/leukemia	___	___	Heart Trouble	___	___	Convulsions/seizures	__	___
Kidney Disease	___	___	Hemophilia	___	___			

Explain: _____

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, contacts, etc._____

Immunizations: (give date of last inoculation)

Tetanus Toxoid	_____	Measles	_____	Diphtheria	_____
Mumps	_____	Pertussis	_____	Rubella	_____
Polio	_____	Hepatitis	_____	Other	_____

List all medications that you are bringing to the Ordeal that you will need to take during the Ordeal:

_____

_____

Any problems, Medical or Other that we need to know about for your safety at your Ordeal:

_____

_____

Mail all reservations with the completed form and $50.00 payable to:

Langundowi Lodge
c/o French Creek Council
1815 Robison Rd West
Erie, PA 16509-4999

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