Fill Out and Mail To:

Order of the Arrow - BSA
Southeast Louisiana Council
P. O. Box 1146
Metairie, LA 70004

Please include funds to cover the cost of the Ordeal -- $29.

Make checks payable to:
Southeast Louisiana Council

Name		Unit	District	
Address		City	State	Zip
Phone	Amount Enclosed	❐ Youth ❐ Adult	Birth Date	

Parents: Please fill out the Health History completely. Failure to do so will prevent your son from participating in the Ordeal.

Adult Candidates: Please fill out the Health History for yourself.

Health History

Please Print

Name		Address
City	State	Zip
Health/Accident Insurance Company		Policy number

Have or subject to (check if yes):

❐ None

❐ Asthma ❐ Fainting spells ❐ Convulsions ❐ Allergy to any medication, food, plant, animal, or insect toxin

❐ Diabetes ❐ Heart trouble ❐ Bleeding disorders ❐ Any condition that may require special care, medication, or diet

Explain details

Have difficulty with (check if yes):

❐ Eyes, ears, nose, throat ❐ Digestion ❐ Bed-wetting ❐ Lungs ❐ Sleepwalking

Any condition now requiring regular medication? ____________ Name of medication ____________

Any Restriction of activity for medical reasons? ________ Explain ____________

Immunizations	Date of last inoculation		Date of last inoculation		Date of last inoculation		Date of last inoculation
Tetanus toxoid	________	Polio	________	Mumps	________	Pertussis	________
Diptheria	________	Measles	________	Rubella	________		

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 that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection for my son.

Signature ______________________________ Date ________
Parent or guardian

Home telephone number	Business telephone number