



# 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  
9,7,8

\_\_\_\_ August  
17,18,19

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

District and Unit \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**If the person named above is unavailable in the event of an emergency, please notify:**

**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 \_\_\_\_\_

# Medical History

Scouts 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**