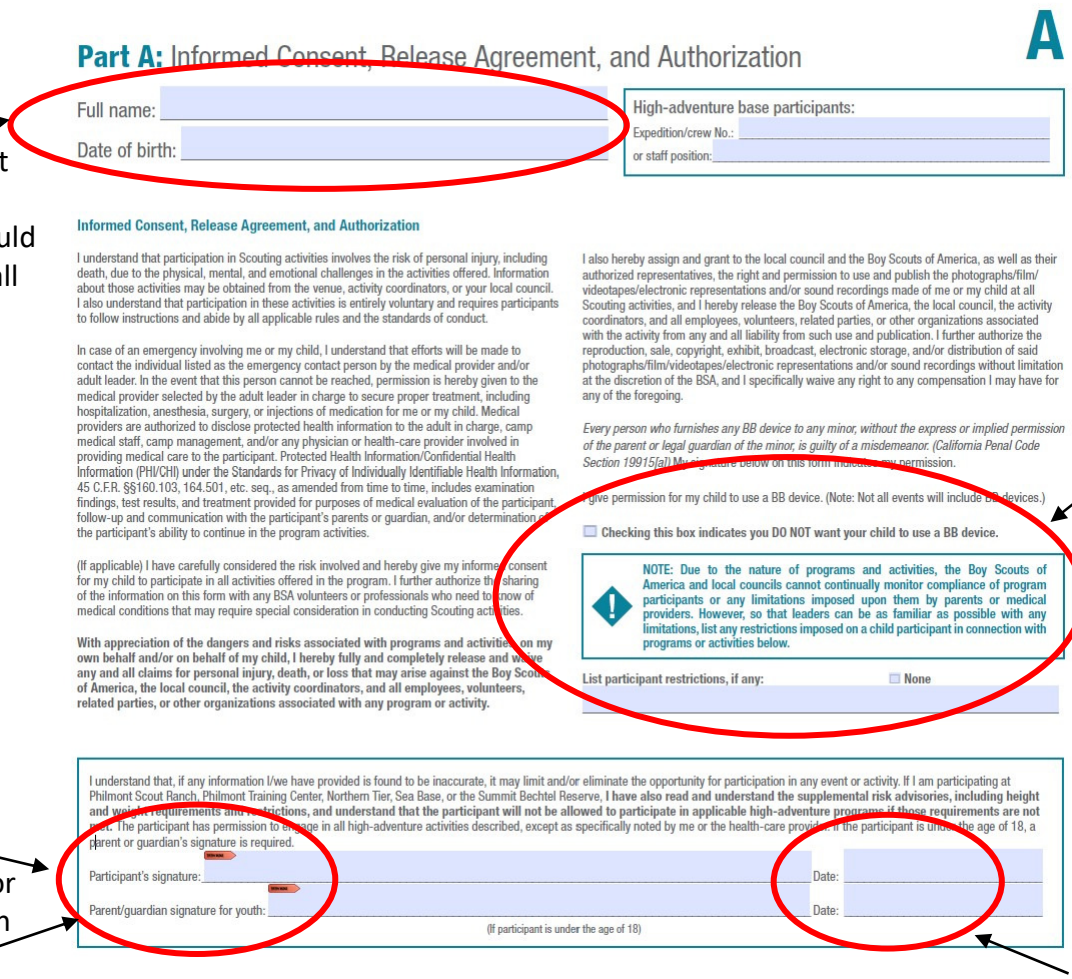
What the Health Officer Looks For on BSA Medical Forms – Part A

Top of Part A:



Part A: Informed Consent, Release Agreement, and Authorization

A

Full name:

Date of birth:

High-adventure base participants:

Expedition/crew No.:

or staff position:

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ **Checking this box indicates you DO NOT want your child to use a BB device.**

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: ☐ None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: Date:

Parent/guardian signature for youth: Date:

(If participant is under the age of 18)

Full name used at registration and date of birth should be the same on all pages

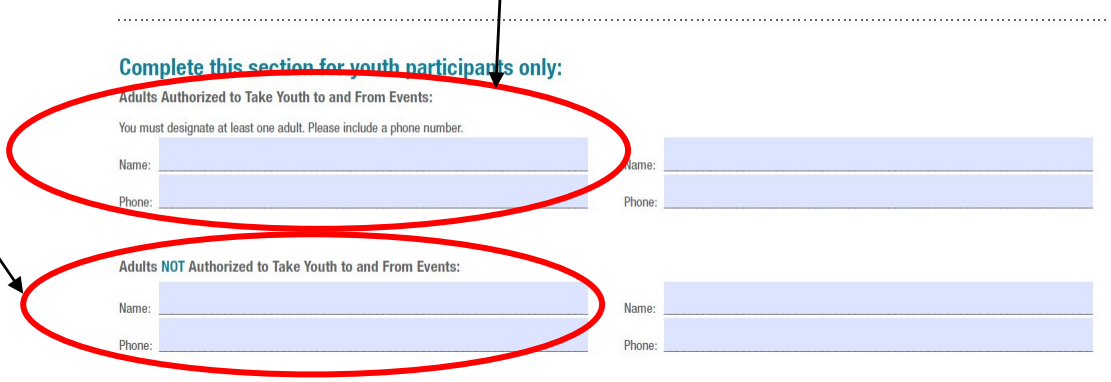
If there are any restrictions, note here or check NONE. Cub parents check if BB device not allowed.

Participant signature and/or parent/guardian signature

Date signed; must be within last 12 months

Bottom of Part A:

For Youth Participants, the names of those adults who are allowed and those who are NOT allowed to transport Scout from events. You may add more names, but be specific if they are or are not allowed to transport youth.



Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: Name:

Phone: Phone:

Adults NOT Authorized to Take Youth to and From Events:

Name: Name:

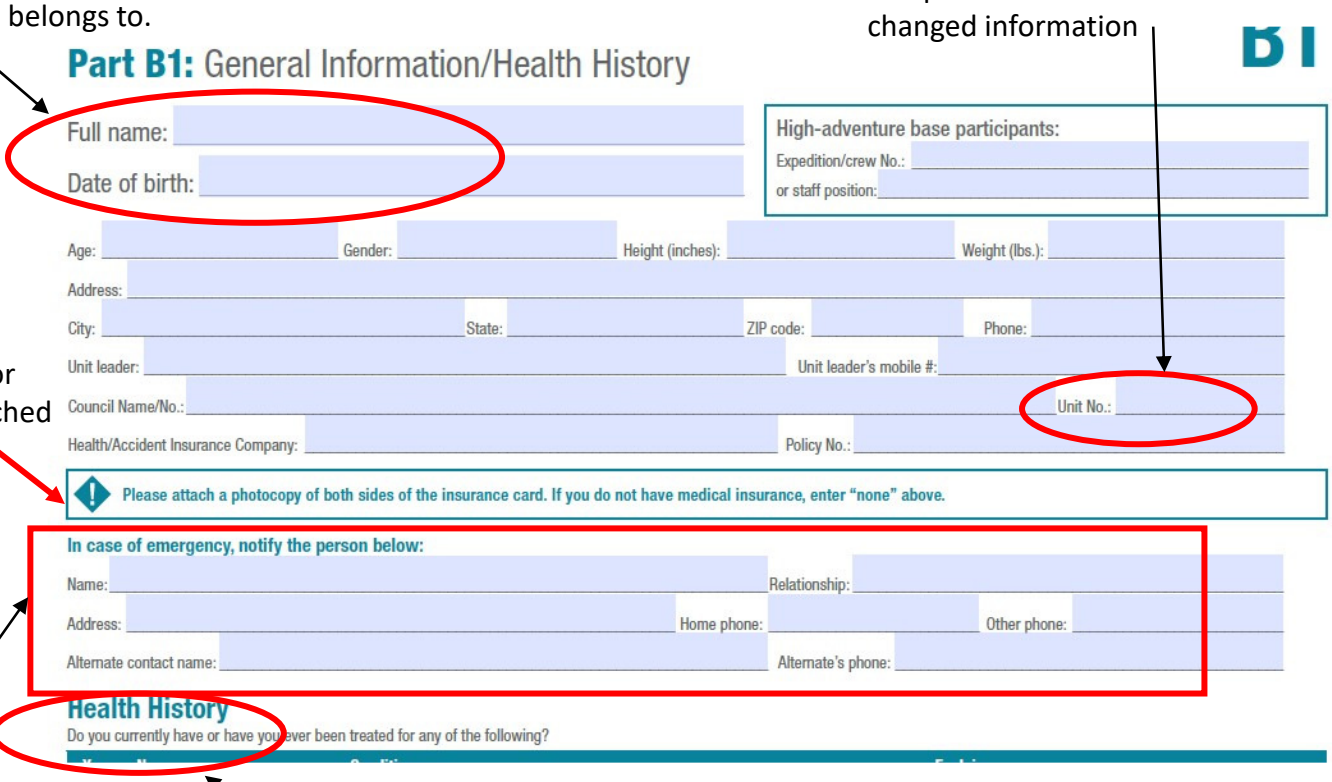
Phone: Phone:

What the Health Officer Looks For on BSA Medical Forms – Part B1

Full name and date should be the same on all pages. This identifies who the information belongs to.

List the unit number at this event. It is ok to write "123, camping with 789" or to complete a new Part B1 for changed information

I will look for copies attached



Part B1: General Information/Health History

B1

Full name:

Date of birth:

High-adventure base participants:

Expedition/crew No.:

or staff position:

Age: Gender: Height (inches): Weight (lbs.):

Address:

City: State: ZIP code: Phone:

Unit leader: Unit leader's mobile #:

Council Name/No.: Unit No.:

Health/Accident Insurance Company: Policy No.:

Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: Relationship:

Address: Home phone: Other phone:

Alternate contact name: Alternate's phone:

Health History

Do you currently have or have you ever been treated for any of the following?

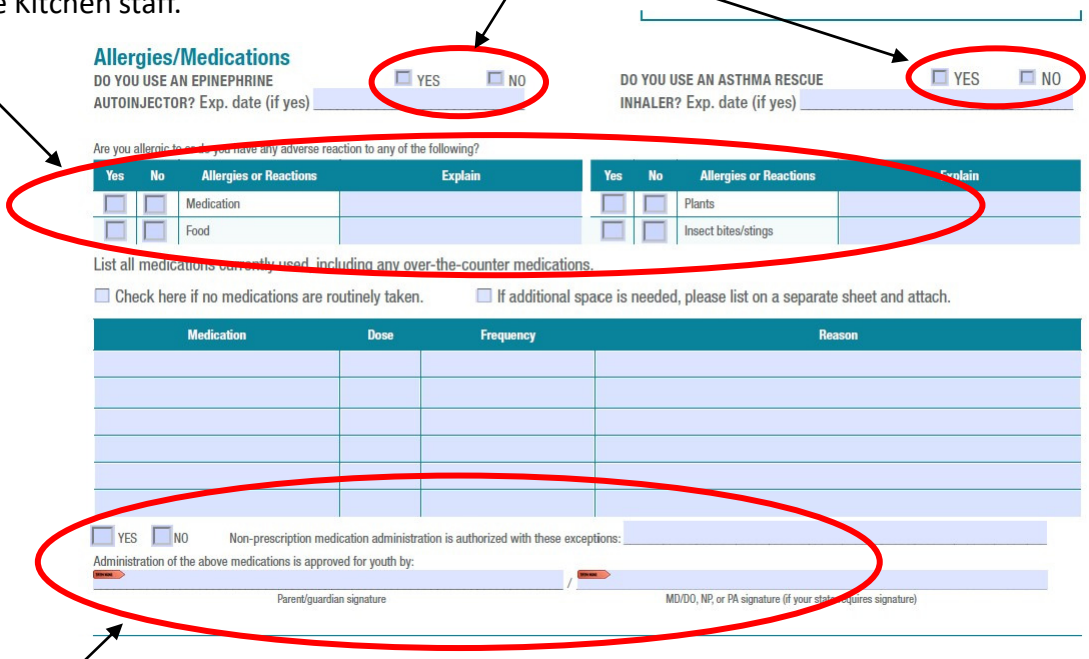
Emergency contact should be listed, even for adults. The primary parental contact should be listed to save time in an emergency.

Health history is briefly reviewed at check-in, but in more detail as needed. Please be honest. If medications are listed there should be conditions for which those medications are used.

What the Health Officer Looks For on BSA Medical Forms – Part B2

List all allergies. Food allergies are shared with the Kitchen staff.

Check "Yes" or "No." These medications should be carried in pocket or day pack at all times.



Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) ☐ YES ☐ NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
☐	☐	Medication		☐	☐	Plants	
☐	☐	Food		☐	☐	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

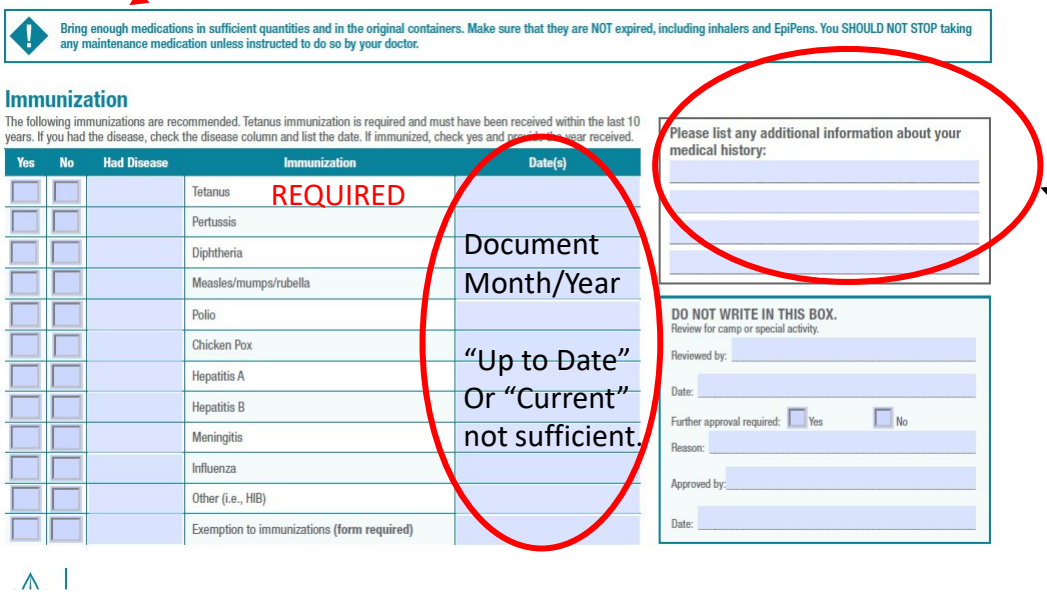
☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions:

Administration of the above medications is approved for youth by:

Parent/guardian signature / MD/DO, NP, or PA signature (if your state requires signature)

Check Yes or No for permission to provide over-the-counter medications, e.g. Tylenol or Immodium, unless exceptions noted. Parent/guardian must sign for youth. Adult participants may sign also.

Bring unexpired medications in small original containers. Only bring enough for the event. Do not use pill cases. Names should be on all medication containers. All medications must be secured in camp.



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
☐	☐		Tetanus REQUIRED	
☐	☐		Pertussis	
☐	☐		Diphtheria	
☐	☐		Measles/mumps/rubella	
☐	☐		Polio	
☐	☐		Chicken Pox	
☐	☐		Hepatitis A	
☐	☐		Hepatitis B	
☐	☐		Meningitis	
☐	☐		Influenza	
☐	☐		Other (i.e., HIB)	
☐	☐		Exemption to immunizations (form required)	

Document Month/Year

"Up to Date" Or "Current" not sufficient.

Please list any additional information about your medical history:

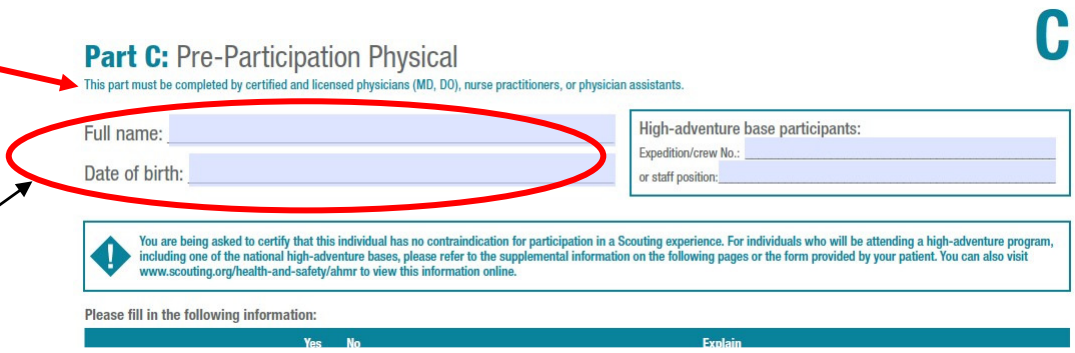
DO NOT WRITE IN THIS BOX.
Review for camp or special activity.
Reviewed by:
Date:
Further approval required: ☐ Yes ☐ No
Reason:
Approved by:
Date:

Immunizations not listed or other medical information can be listed here

What the Health Officer Looks For on BSA Medical Forms – Part C

Part C Top:

Part C is completed by a medical provider as defined by BSA and listed here.

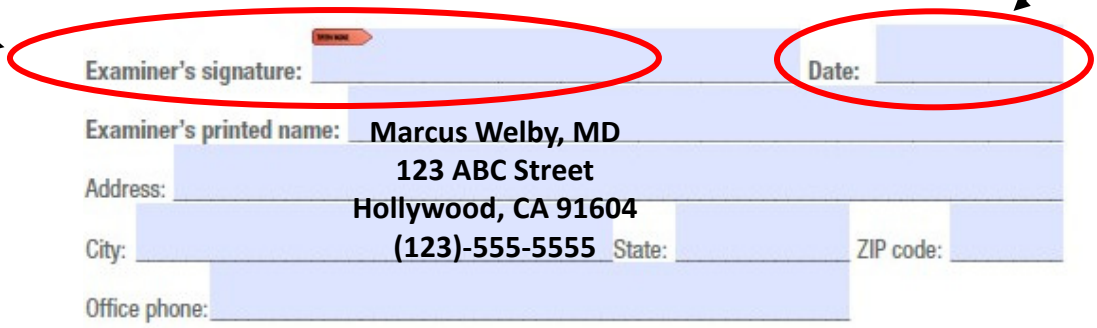


Full name and Date of Birth as identifier for the provider
This is the only section of Part C completed by the participant or Parent/Guardian.

Part C Bottom:

Make sure provider signs in addition to using stamp.

Make sure provider dates the form. This date determines the expiration of the Medical Form.



YOUR NOTES: