PERSONAL HEALTH AND MEDICAL RECORD
CLASS 1 AND CLASS 2

NAME_____ TROOP_____ CAMPSITE_____

Class 1 (update annually for all participants). Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, wit activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

Class 2 (required once every 36 months for all participants under 40 years of age). Activity: Resident camp or any other activity backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school. Medical care is readily available.

If your child has had a medical evaluation **(physical examination)** within the last 36 months, a copy of the results of this examinatior attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not av physical examination (using the Class 2 section of this form) must be scheduled by a *licensed healthcare practitioner. This medical e (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consc during physical activity, or has suffered a concussion from a head injury.

*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in tho where such practitioners may perform physical examinations within their legally prescribed scope of practice.

THIS FORM IS NOT TO BE USED BY ADULTS OVER 40, BY HIGH-ADVENTURE PARTICIPANTS (USE FORM NO. 34412A), OR FOR NATIONAL SCOUT JAMBOREE (USE FORM NSJ-34412-97).

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name_____ Date of birth_____ Age_____ Sex _____

Name of parent or guardian_____ Telephone _____

Home address _____ City_____ State_____ Zip_____

Business address _____ City_____ State_____ Zip_____

If person named above is not available in the event of an emergency, notify:

Name_____ Relationship_____ Telephone _____

Name_____ Relationship_____ Telephone _____

Name of personal physician_____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in BSA programs, subject to limitations noted herein.
In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date_____ Signature of parent/guardian or adult _____

Camper Release Authorization

Authorization is granted for the release of the aforementioned individual to adult employees, staff, volunteers, and camp stat Crossroads of America Council, Boy Scouts of America. In addition, to the parents or guardians signing this form, only thos individuals listed below are authorized to remove the aforementioned individual from Camp.

1._____
2._____
3._____

The Crossroads of America Council will use videos and photographs of camp for promotional purposes.

Check all items that apply, **past or present,** to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes ☐ No ☐ Explain: _____

GENERAL INFORMATION:	Yes	No		Yes	No		Yes	No
ADHD (Attention-Deficit Hyperactivity Disorder)	☐	☐	Convulsions / seizures	☐	☐	Hemophilia	☐	☐
Asthma	☐	☐	Diabetes	☐	☐	High blood pressure	☐	☐
Cancer/leukemia	☐	☐	Heart trouble	☐	☐	Kidney disease	☐	☐

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: _____

_____

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, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____ _____

Pertussis _____ Rubella _____ _____

CLASS 2 MEDICAL EVALUATION

(Read additional requirements outlined on front of form.)

Name _____ Age _____

NOTE TO LICENSED HEALTH-CARE PRACTITIONERS *: The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

PHYSICAL EXAMINATION (To be filled out by a licensed health-care practitioner *)

Height _____ Weight _____ BP _____/_____ Pulse _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Check box:	**N**	**Abn**		**N**	**Abn**		**N**	**Abn**
Growth development	☐	☐	Teeth	☐	☐	Genitalia	☐	☐
Skin	☐	☐	Cardiopulmonary system	☐	☐	Musculoskeletal	☐	☐
HEENT	☐	☐	Hernia	☐	☐	Neurobehavioral	☐	☐

Explain: _____

Limitations

Activity restrict ions _____

Diet restrictions _____

Signature _____ Date _____

Address _____ Phone _____

Cit y, State, Zip _____

***Examinations conducted by licensed health-care practitioners , other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.**