



PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 (CLASS 2 ON REVERSE SIDE)



Name

CLASS 1 (update annually for all participants). Activity: 4th Grade Webelos Camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(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 _____ Phone _____

Home address _____ City _____

State _____ Zip Code _____ Work Phone _____

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

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name of personal physician _____ Phone _____

Personal health/accident insurance carrier _____ Policy # _____

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		
Asthma	[]	[]	Diabetes	[]	[]	High blood pressure	[]	[]
Cancer/leukemia	[]	[]	Heart trouble	[]	[]	Kidney disease	[]	[]
Convulsions/seizures	[]	[]	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, contact lenses, etc _____

Immunizations: (give date of last inoculation)

Tetanus toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____

Pertussis _____ Rubella _____

I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

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 injections of medication for my child (or for me, if an adult).

Date _____ Signature of parent/guardian or adult _____

PARENT NOTE: I authorize my child to participate in firearms safety instruction education programs. Webelos Scouts shoot BB guns only. Boy Scouts may shoot .22 caliber rifles, shot guns or black powder rifles.
Parent or Guardian Signature _____

Unit

Camp Dates



PERSONAL HEALTH AND MEDICAL RECORD

CLASS 2 (CLASS 1 ON REVERSE SIDE)



Name _____

CLASS 2 (Needing a doctor's signature, is required once every 36 months for all participants under 40 years of age). Activity: 5th Grade Webelos Camp, Boy Scout Resident Camp, or any other activity such as 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 examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours (3 days and nights). If a copy is not available, a physical examination (using the Class 2 section of this form) must be scheduled by a *licensed medical practitioner. This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost conscienceness during physical activity, or suffered a concussion from a head injury.

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

CLASS 2 MEDICAL EVALUATION

(read additional requirements outlined on front of form)

Name _____ Age _____

NOTE TO LICENSED MEDICAL PRACTITIONERS*: The person being evaluated will be attending 72 consecutive hours or more 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 medical practitioner)

Height _____ Weight _____ Blood Pressure _____/_____ Pulse _____

Lab: Urinalysis (dipstick) _____ Albumin _____ Sugar _____

Vision: Normal _____ Glasses _____ Contact Lenses _____

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 restrictions _____

Diet restrictions _____

Signature _____ M.D./D.O./D.C./P.A./R.N.P.* Date _____

Address _____ Phone _____

City, State, Zip _____

*In addition to examinations conducted by medical doctors and doctors of osteopathy, examinations will be recognized if conducted by doctors of chiropractic, physician's assistants, or pediatric nurse practitioners only in states where they may perform physical examinations on students enrolled in public school systems.

Unit _____

Camp Dates _____