



# PERSONAL HEALTH AND MEDICAL RECORD

## CLASS 1 AND 2

(Copy and distribute as needed)

1. Class 1 is used by youth or adults, regardless of age, for the following types of activities: Day Camp, overnight camps, hikes, or other programs, NOT EXCEEDING 72 HOURS, where the level of activity is similar to that of home or school. Medical care is readily available. See # 2 and 3 for exceptions. Current Health History and Medical summary is attested to be accurate. This form should be filled out by all Scouting program participants and kept on file. It should be carried by the tour leader on all trips and outings. The Class 1 Personal Health and Medical Record is also found on the back of the Cub Scout and Boy Scout Application Form. Class 1 must be updated annually by participant or parent.

2. Class 1 and 2 is used by youth and adults under 40 for the following type of activities: resident camp, backpacking, or other programs lasting longer than 72 consecutive hours, with a level of activity similar to home or school. Medical care is readily available. See #3 for exceptions. This form requires evidence of a physical examination by a licensed practitioner within 36 months of the activity. The practitioner must either complete the form and sign it, or attach a copy of the examination.

3. Class 3 Personal Health and Medical Record is required for any youth or adult who is currently under medical care, takes a prescription medication, requires a medically prescribed diet, has had an illness or injury during the past 6 months that has limited activity for a week or more, has ever lost consciousness during physical activity, or suffered a concussion from a head injury. Class 3 is also used by adults 40 and over who will be participating in an activity such as camping that will last longer than 72 consecutive hours, and for all participants in unit high adventure activities. Class 3 requires a physical examination within 12 months of the activity date.

**Be sure to make and use copies of completed Health and Medical Record. Keep original form in a safe place. Class 2 medical forms are good for 3 years from date of physical examination. Scout camps are required to keep all medical forms. Copies will not be made at camp, and cannot be provided at any later time for future use.**

### CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(Must be updated annually)

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Parent/guardian name \_\_\_\_\_ Home phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Personal Health/Accident Insurance carrier \_\_\_\_\_ policy # \_\_\_\_\_

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

1. Name \_\_\_\_\_ phone \_\_\_\_\_ relationship \_\_\_\_\_

2. Name \_\_\_\_\_ phone \_\_\_\_\_ relationship \_\_\_\_\_

I give permission for full participation in BSA program, subject to limitations noted herein.

**In case of an 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).**

I also consent to the use of photographs, videotape, voice recordings and written extractions, in whole or part, of the above named individual for the purpose of illustrations, promotion or publications. (Cross out and initial if you do not consent).

Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent or Guardian if for someone under 18 years of age