BOY SCOUTS
OF AMERICA®
MAYFLOWER COUNCIL

SUMMER CAMP MEDICAL FORM INSTRUCTIONS

Accurate medical records for campers and staff are required by BSA standards and •tæc^Á|æ¸ . They are also critical to ensure timely, effective care should you or your Scout become sick or injured while at camp. All campers, adult leaders and staff MUST complete the BSA Annual Health and Medical Record form annually. Forms expire after 12 months.

Scouts, leaders, parents, and visitors WILL NOT PARTICIPATE in any camp activities including (but not limited to) swimming, boating, climbing, COPE, and sports, and may not remain in camp longer than 72 hours without a completed medical form.

Read the medical form carefully. The next page highlights areas that are commonly incomplete. All portions of the form must be completed for ALL summer camp programs.
Please take note of the following changes:

PART A:

This page contains an important risk advisory, informed consent, and release. Please read this advisory carefully. The participant and parents (if participant is under 18) must sign to acknowledge agreement with the information on this page.

This page also includes space to list adults who are authorized (or prohibited) to take this participant to/from events.

PART B:

Part B contains the participant's contact and insurance information and generic health history. Page 2 of this section contains information about medication and allergies. Please complete these sections carefully and accurately. The parents and health care professional must sign to authorize all medication.

PART C:

Part C is the annual physical. This page should be completed and signed by the health care professional conducting the physical examination. Physicals are required within 12 months of an event lasting longer than 72 hours.

COMMON MISTAKES:

- Missing parent/guardian signature (Part A)
- Missing emergency contact information (Part B)
- Incomplete medication information (Part B)
- Missing medical insurance card (Part B)
- Missing immunization record (Part B)
- Missing physician signature (Part B & C)
- Physical exam more than 12 months ago (Part C)

NOTE: State regulations require that your complete immunization record be ¸¦ãœ^}Á[}Áo@^Á{ ^åã&æ| form.ÁŒ•[|ˇc^|ˆÁ}[Áœæa&@{ ^}c•Áæ|^Áæ&&^]c^åÈ

MEDICAL FORMS ARE NOT RETURNED AT THE END OF CAMP. Always submit a **COPY** of your medical form. Keep the original for use at other Scouting activities.

PART A - Page 1

Part A: Informed Consent, Release Agreement, and Authorization

Full name:

DOB:

High-adventure base participants:
Expedition/crew No.:
or staff position:

Participant and parents (if participant is under 18) must sign to acknowledge the informed consent and release on this page.

Adults authorized to, or prohibited from, taking a participant to/from an event.

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

Adults NOT Authorized to Take Youth To and From Events:

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PART B - Page 1

Part B: General Information/Health History

Include insurance information and attach a copy the participant's insurance card.

Full name:

DOB:

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:

Health History

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PART B - Page 2

Part B: General Information/Health History

List all allergies, and medications taken here.

Full name:

DOB:

or staff position:

Allergies/Medications

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

Parent and physician must sign to authorize medication.

Immunization

DO NOT WRITE IN THIS BOX

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PART C - Page 1

Part C: Pre-Participation Physical

Health care professional completes this page.

Full name:

DOB:

Examiner's Certification

Health care professional must sign here.

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