



PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1

Class 1 (update annually for all participants). Activity: Day 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 _____ Telephone _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

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

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal Health/Accident Insurance Carrier _____ Policy No. _____

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 that one of us 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 medication for my child (or for me, if an adult).

Date: _____ Signature of Parent/Guardian or Adult: _____

Some hospitals require the parent/guardian to be notarized. Check with your BSA local council.

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 | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| Cancer/Leukemia | <input type="checkbox"/> | <input type="checkbox"/> | Heart Trouble | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Convulsions/Seizers | <input type="checkbox"/> | <input type="checkbox"/> | Hemophilia | <input type="checkbox"/> | <input type="checkbox"/> | | | |

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, contacts, etc: _____

IMMUNIZATIONS: (give date of last inoculation)

| | | | | | |
|----------------|-------|---------|-------|-------|-------|
| Tetanus toxoid | _____ | Measles | _____ | Polio | _____ |
| Diphtheria | _____ | Mumps | _____ | | _____ |
| Pertussis | _____ | Rubella | _____ | | _____ |

Name _____

Troop/Pack _____

Campsite _____