

BSA Health Form (the “2019 Printing” is the one in use in 2024):

Hints for getting it filled out correctly the first time!

You must have all the information described below which is in bold. Items in italics are optional.

Part A: Informed Consent etc.

Full Name

Date of Birth

(under the central box to the right) **List participant restrictions if any: or check the box for None**

(in the central box)

participant’s signature and **date** (optional for youth; required for adults)

Parent/guardian signature for youth and **date** (not required for adult participants)

Adults Authorized to Take Youth to and From Events:

Adults NOT Authorized to Take Youth to and From Events:

Part B1: General Information/Health History

Full Name

Date of Birth

Age Gender Height weight

Address

Unit Leader: Matt Warren Unit Leader’s mobile #: 919-757-2205

Council Name: Occoneechee Unit No. T451 or T456

Health/Accident Insurance Company Policy No.

...You must also attach a photocopy of the front and of the back of your insurance card.

In case of emergency...

Name relationship

Address phone

Alternate contact phone

Health History

Check yes or no as appropriate

List any surgeries or medical conditions on the bottom two lines

Part B1: General Information/Health History

Full Name

Date of Birth

Allergies/Medication

Complete this entire section carefully: including the small boxes for Yes or No if you will authorized non-prescription medication to be dispensed by the Health Lodge:

If you mark Yes for a youth the **parent must sign on the next line.**

Part B1: General Information/Health History (cont.)

Immunization

Two Options:

You may write “see attached” and include your or your child’s immunization record.

Or

Fill in the boxes for yes or No as appropriate and include dates for immunizations. The dates do not have to be exact: month and year is fine for more recent immunizations; just the year if okay if that is all you know/remember.

Please list any additional information: (a box to the right)

Part C: Pre-Participation Physical

This must be filled out in full by a physician or nurse practitioner or physician assistant for an exam which was made within the previous 12 months before the date of summer camp.

Medical Restrictions

Allergies

Height etc.

Exam Results (eyes, etc)

Examiner’s Certification (true/false as appropriate)

Examiner’s Signature DATE

Examiner’s printed name

Address

Phone