

CLASS 2 PHYSICAL

PERSONAL HEALTH AND MEDICAL RECORD

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, notify
Name _____ Relationship _____ Telephone _____
Name _____ Relationship _____ Telephone _____
Name of personal physician _____ Telephone _____
Personal health/accident insurance carrier _____ Policy No. _____

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

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 _____

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

Parent information needs to be signed and dated annually

CLASS 2 MEDICAL EVALUATION

Name _____ Age _____

NOTE TO LICENSED MEDICAL PRACTITIONERS: The person being evaluated will be attending 1 or more weeks 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 _____ BP _____ / _____ Pulse _____

Lab: Urinalysis (dipstick) _____ Albumin _____ Sugar _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Check:	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 _____

Doctors Printed name _____

Address _____ Phone _____

City, State, Zip _____

*Examinations conducted by licensed health care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

Camper Release Authorizations

Authorization is granted for the release of the aforementioned individual to adult employees, staff, volunteers, and camp staff of the Crossroads of America Council, Boy Scouts of America. In addition, to the parents or guardians signing this form, only those individuals listed below are authorized to remove the aforementioned individual from Camp.

1. _____
2. _____
3. _____

The Crossroads of America Council will use videos and photographs of camp for promotional purposes.

