Annual Troop 33 Health and Medical Record

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____

Address _____ Grade completed _____ School _____

City _____ State _____ Zip _____ Phone No. _____

Scout's Email: _____ Scout's Cell phone _____

Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Parent/Guardian _____ Email _____

Address _____

Home phone _____ Business phone _____ Cell phone _____

Occupation _____ Employer _____

Parent/Guardian _____ Email _____

Address _____

Home phone _____ Business phone _____ Cell phone _____

Occupation _____ Employer _____

Alt Emergency Contact _____ Relationship _____

Address _____

Home phone _____ Business phone _____ Cell phone _____

(In an emergency Troop 33 will make every effort possible to contact the parents, but it is VERY helpful to have a separate contact as well)

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure:	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes No
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

_____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
☐	☐	Tetanus _____
☐	☐	Pertussis _____
☐	☐	Diphtheria _____
☐	☐	Measles _____
☐	☐	Mumps _____
☐	☐	Rubella _____
☐	☐	Polio _____
☐	☐	Chicken pox _____
☐	☐	Hepatitis A _____
☐	☐	Hepatitis B _____
☐	☐	Influenza _____
☐	☐	Other (i.e., HIB) _____

Doctor's Name _____

Phone Number _____

Clinic _____

Other information that we should know about your Scout. (Special needs / issues i.e. bedwetting, sleepwalking, etc)

_____

_____

_____

Custodial issues that we should be aware of?

_____

_____

Emergency contact No.: Allergies: DOB: Full name:

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____Frequency _____ Approximate date started _____ Reason for medication _____
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Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

I, _____ (Print Name of Custodial Parent/Guardian) grant my consent to the Boy Scout Troop 33 and to its representatives including Range Officers and Instructors and others serving in these positions to provide my child, with appropriate guns and ammunition and provide instruction as to their use. I further certify that I am a custodial parent with full parental rights or the legal guardian of this child. I understand that this document will be kept and maintained by the Boy Scout Troop 33 or its representatives including, but not limited to, Boy Scout Troop 33, Range Officers and Instructors. I further understand that only the original document will be accepted and that any modification of this form will result in its' not being accepted by the Boy Scout Troop 33, the Range Officers and/or Instructors. I also understand that some of these activities will take place at locations not necessarily under the control of Boy Scout Troop 33.

_____ Date _____

Signature of Custodial Parent or Legal Guardian:

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release Troop 33, the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

TALENT RELEASE AGREEMENT

I hereby assign and grant to Troop 33, the local council and the Boy Scouts of America the right and permission to use and publish the photographs/ film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Troop 33, the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Scout's name _____

Scout's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(if Scout is under age of 18)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ DOB: _____