

BSA Health Care Form Information Sheet

The purpose of this email is to assist the Scout Master in ensuring that the BSA Health Care Form is prepared prior to arriving at camp. By making sure that this is accomplished we can make the check-in process as streamlined as possible.

First let's start with Form A.

Make sure that the Full Name and DOB (Date of Birth) are filled in, also please make sure that it is legible. This will help us quickly access your child's medical record in the event of an Emergency.

Beneath the exclamation point is a box and a line to define what activities the scout will be allowed to do while at camp. If there are any restrictions (ex: Doesn't know how to swim, cannot participate in high impact activities due to previous concussions, etc.) please describe them in that designated spot, if there are no restrictions, please mark the box labeled "None".

Please ensure that both the parents/legal guardians have signed the form and that the scout has signed as well if he is old enough.

Any adult that will be taking the scout home or leaving with a Scout must have authorization and this form is the place to give that authorization, please fill out the section below the signature block with the names and phone numbers of those adults who can assume responsibility. Should you want to prevent a particular person from transporting your child, you are expected to fill out the names of those who are NOT authorized.

Form B page 1

Once again please ensure that the name and DOB section is legibly filled out.

Please fill out the general information section in its entirety. During an emergency it is difficult enough contacting family and finding scout masters and tracking down medical history information. By ensuring that this section is completely filled out we can limit the time spent preparing for transport and quickly get the scout to medical attention.

Please staple a copy of the medical insurance card to the back of the packet.

IMPORTANT Please list an emergency contact. This will typically be someone that we can contact should we not be able to reach the immediate family for whatever reason.

Please select yes/no for the different medical history areas; any "YES" blocks must be explained.

Form B page 2

Please select yes/no for the different allergies.

Form B page 2 cont.

Please check the block stating that there are no medications if the Scout does not take any regular medications. Should the Scout be taking medications ensure that the medications and the dosages on the form match the dosages on the original pill bottles that are brought to camp. The medic will not be able to accept any undeclared medications or medications that are expired or are asked to take at times not listed on the prescription.

Important Beneath the medications list area is a statement with a YES/NO block. Checking “Yes” means that the Health Officer may administer non-prescription medication to your child in the event of an emergency as well as generic over the counter medications such as Tums for a stomach ache or Benadryl for a bad allergic reaction. If “YES” is not checked and if the parent/guardian does not sign then the Scout will not be able to receive potentially live saving medication while in route to the hospital which is 1 hour away. In the space after the yes/no block is an area where the parent/guardian may list any medications that he/she does not want the scout to receive.

Important BSA policy states that no person may be at camp if they have not received a Tetanus shot within the last 10 years. Please fill out the Immunization area completely. Scouts will be sent home if this area is not completely filled out. Should they not have received their Tetanus immunization for religious reasons please state this; should the Scout become injured while at camp he/she will be promptly transported to medical care.

If there is any other pertinent medical history please use the blank space to the right of the immunization form to describe that information.

Form C

Important Anyone staying in camp for longer than 72 hours (3 days) must have Form C filled out completely with an MD/DO/PA/NP or any other primary health care provider’s signature.

Important areas on this form include the authorizations area near the top that limits the activities that the scout may participate in. This is the same as the authorization area on Form A but this is approved by a medical doctor.

If you have any questions regarding the form please contact the scout office immediately, the first afternoon during orientation is not the time to present questions as this might be too late to find that last signature.