

BSA 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.

A Class 1 record is required annually for all participants. Includes any event that does not exceed seventy-two consecutive hours, where the level of activity is similar to that normally expended at home or at school, and where medical care is readily available. Examples: day camp, day hike, swimming party, or an overnight camp. Medical information required is a current health history signed by parents or guardian. This form is filled out by participants and kept on file for easy reference.

IDENTIFICATION:

Name _____ Date of Birth _____ Age _____

Name of parent or Guardian _____ Telephone _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

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

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of Personal Physician _____ Telephone _____

Health/Accident Insurance Carrier _____ Policy/Patient No. _____

Check items that apply, past or present, to your health history. Explain any **yes** answers.

ALLERGIES: Food, medicine, 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, contacts, etc.: _____

IMMUNIZATIONS: (give date of LAST inoculation or booster)

Tetanus toroid _____ Measles _____ Polio _____
Diphtheria _____ Mumps _____ Others _____
Pertussis _____ Rubella _____

Date: _____ Signature of parent/guardian or adult _____

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).

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

UPDATES:

Date _____ Signature of parent/guardian or adult _____

Date _____ Signature of parent/guardian or adult _____

Date _____ Signature of parent/guardian or adult _____

Date _____ Signature of parent/guardian or adult _____

Date _____ Signature of parent/guardian or adult _____

Date _____ Signature of parent/guardian or adult _____

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