

*The Northern Branch Office
Scout Training Team*

*Dedicated to providing American Red Cross
Training for Scouts and Leaders...*



*The NBO Scout Training Team
PO Box 1048
Conroe, TX 77305*

*Class Information...
281-298 5472*

www.scoutcpr.org

TO: All multi-day training event Participants and Staff
FROM: Jay Walker, The NBO Scout Training Team

RE: BSA Class-1 Personal Health and Medical Records are required for all participants, and staff.

We require that all participants and staff complete either a BSA Class-1 Personal Health and Medical Record or provide a form acceptable to the Sam Houston Area Council "Camping Services" containing all of the same information, including signatures, medical history and consent to treat for all multi-day activities. The 2001 revised Class-1 form should be used and will be distributed with our application information. Note: The 1999 BSA Class-1 Personal Health and Medical Record is also acceptable. Please disregard the upper age limit stated on "standard" 1999 revision.

Please read the form carefully. An examination by a physician IS NOT REQUIRED. An original signature of the "parent/guardian or adult" however, IS REQUIRED on page one of the form. The medical history requested on page two of the form must be CURRENT, COMPLETE and ACCURATE. Forms should be "notarized" however this is not required but is highly recommended.

The BSA Class-1 Personal Health and Medical Record form must be mailed with the original application or turned in to the registrar on site. Please note: Your registration is not complete until the properly completed Class-1 Medical Form is received. Everyone on site must be registered. **NO ONE WILL BE PERMITTED TO PARTICIPATE UNLESS THEY ARE REGISTERED.** Visiting parents or guests not actually participating in our multi-day events must check in with the Course Director or Registrar immediately upon arrival.

The BSA Class-1 Personal Health and Medical Record IS IN ADDITION to any medical form or consent to treat form required or maintained by your Unit or organization. We must have an individual BSA Class-1 Personal Health and Medical Record on file for all participants and staff. Please note carefully: Medical Forms maintained by the Unit, whether the forms are on site at our event or not DO NOT MEET THIS REQUIREMENT. You may, however, use a copy of your Unit BSA Class-1 Medical Form provided the information is current and the "parent/guardian, adult" signature is an original. Girl Scouts, Royal Rangers and other non-BSA participants **MUST ALSO COMPLETE THE BSA CLASS-1 PERSONAL HEALTH AND MEDICAL RECORD.**

We encourage all participants and staff to also provide the registrar with a legible copy of both sides of your medical insurance card. Emergency facilities may provide only immediate care for "life-threatening" conditions until insurance information or financial responsibility can be established. A copy of the insurance card may help avoid an unnecessary delay.

The Sam Houston Area Council policy requiring BSA Class-1 Personal Health and Medical Records is intended to assure that in the event of an accident or medical emergency, we will be able to provide quality care for you or your child quickly. The complete, current and accurate medical history is essential as is the consent to treat authorization. The BSA Class-1 Medical Form provides an established and uniform method of collecting this information.

The Board of Directors of the NBO Scout Training Team fully supports this policy and we are committed to immediately implement it. We will do everything we can to make the process as easy for you as possible. Please help us by carefully reviewing the information in this letter and by complying with the Council's policy.

Sincerely

Jay Walker
For the Board of Directors

Home of the Deer Lake Canoe Clinic



CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out 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. _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner 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 participant is 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.

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		
ADHD (Attention-Deficit								
Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: _____

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 _____	_____

NAME

TROOP

CAMP SITE