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
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TO: All Deer Lake Canoe Participants and Staff
FROM: Jay Walker, The NBO Scout Training Team

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

Beginning with our September 2001 Deer Lake Canoe Clinic, we will now 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 containing all of the same information, including signatures, medical history and consent to treat. The 2001 revised Class-1 form should be used and will be distributed with the Deer Lake Canoe application information. Note: The 1999 BSA Class-1 Personal Health and Medical Record is also acceptable. Please disregard the upper age limit stated on 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 From 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 the Deer Lake Canoe Clinic 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, weather the forms are on site at the Deer Lake Canoe Clinic or not DO NOT MEET THIS REQUIRMENT. 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

NAME

TROOP

CAMPSITE

PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 AND CLASS 2

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 2 (required once every 36 months for all participants under 40 years of age). Activity: Resident camp or any other activity such as backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school.Medical care is readily available.

Note: Some states require an **annual** precamp medical evaluation. Your BSA local council service center can advise you about the requirements for your state.

If your child has had a medical evaluation **(physical examination)** within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Class 2 section of this form) must be scheduled by a *licensed health-care practitioner.This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

*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.

THIS FORM IS NOT TO BE USED BY HIGH-ADVENTURE PARTICIPANTS (USE FORM NO. 34412A) OR FOR NATIONAL SCOUT JAMBOREE (USE FORM NSJ-34412-97).

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out 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._____

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	☐	☐	Convulsions/seizures	☐	☐	Hemophilia	☐	☐
Asthma	☐	☐	Diabetes	☐	☐	High blood pressure	☐	☐
Cancer/leukemia	☐	☐	Heart trouble	☐	☐	Kidney disease	☐	☐

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 _____	_____

CLASS 2 MEDICAL EVALUATION

(Read additional requirements outlined on front of form.)

Name_____ Age_____

NOTE TO LICENSED HEALTH-CARE PRACTITIONERS*: The person being evaluated will be attending one 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 health-care practitioner*)

Height_____ Weight_____ BP_____/_____ Pulse_____

VISION: Normal _____ Glasses _____ Contacts_____

HEARING: Normal _____ Abnormal _____ Explain_____

Check box:	N	Abn		N	Abn		N	Abn
Growth development	☐	☐	Teeth	☐	☐	Genitalia	☐	☐
Skin	☐	☐	Cardiopulmonary system	☐	☐	Musculoskeletal	☐	☐
HEENT	☐	☐	Hernia	☐	☐	Neurobehavioral	☐	☐

Explain:_____

Limitations

Activity restrictions _____

Diet restrictions_____

Signature_____ Date_____
Licensed health-care practitioner*

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.**

INTERVAL RECORD	SCREENING EXAMINATION	
Date, Time, Place, Etc.	(Findings, diagnoses, treatment, instructions, disposition, etc.)	By
	PHOTOCOPING THIS FORM IS PERMITTED.	

NAME

TROOP

CAMPSITE