Part C

Parental Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

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.

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 to the adult in charge 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.
☐ Without restrictions.
☐ With special considerations or restrictions (list)
Talent Release Form
I hereby assign and grant to 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 by the Boy Scouts of America, and I hereby release the Boy Scouts of America 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 the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.
□ Yes □ No
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.
Participant's name
Participant's signature
Parent/guardian's signature
Date

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA 1325 West Walnut Hill Lane P.O. Box 152079 Irving, Texas 75015-2079 http://www.scouting.org



2008 Printing

art C Last name: _____ DOB: ____

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually by all BSA unit members. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or quardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, a resident camp setting, or when the nature of the activity is strenuous and demanding, such as service projects, work weekends, or high-adventure treks. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight chart must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations

- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.



Temporary ☐ Permanent ☐

Annual BSA Health and Medical Record

Part A		FORMATION							
Name _				Date of birth		A	.ge Male ☐ Female ☐		
Address	3					G	Grade completed (youth only)		
City				State Zip		P	Phone No		
							Unit No		
							preference		
		ATTACH A PHOTO	OCOPY C	OF BOTH SIDES OF INSURA NO MEDICAL INSURANCE,	ANCE CARD	(SEE I			
				Relatior	nship				
					Cell	nhone			
Are you	now, o	ISTORY or have you ever been treated for a	any of the	Г	Med	lication	Allergies or Reaction to:		
Yes	No	Condition		Explain		Medication			
	-	Asthma Diabetes			Food, Plants, or Insect Bites				
		Hypertension (high blood pressu	ure)		— —				
		Heart disease (i.e., CHF, CAD, I			The !	C-llowir	Immunizations:		
		Stroke/TIA	VII)				ng are recommended by the BSA. munization must have been received		
		COPD		ĺ			ast 10 years. If had disease, put "D"		
		Ear/sinus problems	$\overline{}$		and t	the yea	ar. If immunized, check the box and		
		Muscular/skeletal condition				ear rec			
		Menstrual problems (women or	nlv)		Yes		Date		
		Psychiatric/psychological and emotional difficulties	,				Tetanus Pertussis		
		Learning disorders (i.e., ADHD,	, ADD)				Diptheria		
		Bleeding disorders		<u> </u>			Measles		
		Fainting spells		<u> </u>			Mumps Rubella		
	<u> </u>	Thyroid disease					Polio		
		Kidney disease					Chicken pox		
	<u> </u>	Sickle cell disease					Hepatitis A		
	<u> </u>	Seizures		 			Hepatitis B		
	<u> </u>	Sleep disorders (i.e., sleep apne		_			Influenza		
	<u> </u>	GI problems (i.e., abdominal, dig	gestive)	 			on to immunizations claimed.		
		Surgery		 	,		information about immunizations, as		
	 	Serious injury	\longrightarrow	 			immunization exemption form, see		
	medica	Other NS Pations currently used. (If addit EpiPen information must be in			ocopy this par	rt of th			
		·	1	ation			on		
		Frequency		th Frequency			Frequency		
_	_	nedication	_	n for medication			or medication		
		date started Permanent □					nate date started y		
Medic	ation _		Medica	ation	_ Me	dicatio	on		
		Frequency		th Frequency					
		nedication		n for medication			or medication		
Approximate date started			Approximate date started			Approximate date started			

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Temporary ☐ Permanent ☐

Temporary ☐ Permanent ☐

P	a	r	ŀ

DHVQ		MINIA	

Height	Weigh	t	Meets height/weig	ght limits ☐ Yes ☐ No	Blood pre	ssure	Pulse
than 30 minut bottom of this	es by groun s page. Enfo	d transportat rcing the heig	ion will not be perm	ctivity or events in whi itted to do so if they e rongly encouraged for	exceed the v	veight limit as	documented at the
	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
-	nave, today, r	reviewed the h	nealth history, examin activities Backp	•	g/water activ biking	ities Clim	ticipation in: bing/rappelling lenge ("ropes") course
Specify restric	tions (if none	, so state)					
ractitioners, To Health Ca → Uncontroll → Uncontroll → Poorly cor → Orthopedi → Newly diag	and physici are Provider: led heart dise led psychiatr atrolled diabe c injuries not gnosed seizu	Restricted appease, asthma, ic disorders. etes. cleared by a pare events (with	ts. proval includes: or hypertension.	y the BSA to perform Provider printed Signature Address City, state, zip _ Office phone	name		
or seizures				Date			

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

art B Last name:	DOB:	