

Class 1 Personal Health History

(Update annually, using form No. 34414.)

PLEASE DETACH BEFORE COMPLETING.

Identification: To be filled out by parent or guardian. Please print in ink.

Name _____ Date of birth _____ Age _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip code _____

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 Yes No

ADHD (Attention Deficit Hyperactivity Disorder) Asthma Convulsions/seizures Heart trouble High blood pressure

Cancer/leukemia Diabetes Hemophilia Kidney disease

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 _____ Pertussis _____ Mumps _____ Polio _____

Diphtheria _____ Measles _____ Rubella _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Parent Authorization:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature _____ Date _____

Parent or guardian

Troop 122 Backcountry Activity Risk Management Agreement

Boy Scout Troop 122 frequently engages in hiking, camping, backpacking, climbing, water sports, and winter expedition activities in remote backcountry locations. From time to time, despite our efforts for prevention, injuries or illnesses may occur. Unlike urban environments, our backcountry activities can be characterized by an extended distance and time to definitive medical care, a lack of medical equipment and expertise, changing environmental conditions, and a lack of ability to communicate on a timely basis with parents about their son's condition. Communication with parents may require traveling several hours to the trailhead or a nearby town. Given these conditions, as fellow parents (but not trained medical personnel), scout leaders will use their best judgment to act in the best interest of the safety and health of your son. Minor injuries (e.g. simple cuts and scratches, burns, and bruises) and illness can usually be managed in the field using the Scout Handbook first aid skills that we teach scouts as part of our program. More severe injuries and illnesses may require the evacuation of the scout and some level of professional medical treatment. Evacuation decisions will be made by the troop leaders in consideration of factors such as the severity of the injury or illness, availability of daylight, distance from trailhead, safety of the group, requirement for trained rescue services, weather conditions, etc.

The following over-the-counter medications may be carried in First Aid Kits. Please signify your approval for adult leaders to administer these medications to your son on your behalf based on the leader's best parental judgment as to your son's need. It's important for us to know of any drug allergies and any medication marked "NO" will not be administered. Note that we may use generic products.

Medication	YES	NO
Advil (Ibuprofen), Tablets		
Aloe Vera (Topical) to ease sunburns		
Anti-fungal Powder Athlete's Foot, Chafing, Jock-Itch		
Benadryl, Tablets		
Benadryl, Topical Cream		
Calamine Lotion		
Chloraseptic, Sucrets, Luden's Cough Drops, Lozenges		
Cortaid (Hydrocortisone), Topical Cream		
First Aid Cream (Topical)		
Imodium AD, Liquid or Tablets (Anti-Diarrhea)		
Lip Balm (Chapstick)		
Maalox, Mylanta, or Tums, Tablets (Antacid)		
Neosporin, Double or Triple Antibiotics, Topical Cream		
Sudafed (Pseudoephedrine) Tablets		
Sunscreen (Topical)		
Tylenol (Acetaminophen), Tablets		

I understand and agree to the Boy Scout Troop 122 backcountry risk management approach described above, and I give my permission for my son to participate in troop outdoor activities. In the event of an evacuation, I agree to meet the troop leaders at the trailhead or other specified location to provide transportation and supervision for my son.

I hereby authorize the Troop Leadership and/or any licensed physician, Emergency Medical Technician or other qualified hospital personnel to render first aid and/or medical treatment to my son _____, which, in their judgment, is necessary in the event of illness or injury. I also give permission to medical personnel to disclose to troop leaders medical information regarding diagnoses and treatments provided to my son. I understand that, in all such cases, I will be notified as quickly as possible.

Printed Name and Signature of Parent or Guardian	Date
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