Year: ________________-__________________.

# 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 blue 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 ____ Sex ____

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, medicines, insects, plants: Yes ( ) No ( ) Explain: ____________________

| **GENERAL INFORMATION:** | Yes | No | | Yes | No | | Yes | No |
|---|---|---|---|---|---|---|---|---|
| Asthema | ( ) | ( ) | 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 behaviorial 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) **** ACTUAL DATES ARE REQUIRED ****

Tetanus toxoid ________________ Measles ________________ Polio ________________

Diptheria ________________ 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).