



Blue Ridge Mountains
Scout Reservation

ADMINISTRATION

BLUE RIDGE MOUNTAINS COUNCIL

CAMP MEDICAL FORM SUPPLEMENT

Name _____

I. Personal information and Emergency Contact Information

This form must be attached to ALL BSA National Type II and Type III Medical Forms.

It should also be used if health history has changed or if 12 months have passed since your last medical exam.

Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Unit Number (Troop, Post, Crew): _____ Council: _____

Name of Parent or Guardian: _____ Work Phone: _____ Home Phone: _____

If person named above is not available in the event of an emergency, please contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Persons NOT authorized to take youth from the event:

II. Insurance

Personal health/accident insurance provider: _____ Policy No. _____

**Please attach a copy of the front and back of your insurance card to this form.*

III. Health History/Information

Please list any changes to your health history within last year below:

IV. Parent/Minor Signatures

- This section must be signed and updated annually, Base Camp participants may attach last year's signed physical.

To the best of my knowledge, the information on this form is correct. I hereby give permission to the person herein described to engage in all prescribed camp activities, on or off property, except as noted.

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 that I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the camp administration to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult. Permission is given to transport me or my child for medical assistance. This form may be photocopied for use at camp. I understand that I am responsible for payment of all medical treatments received.

If I or my child need medical treatment, I hereby authorize any doctor or hospital treating the Scout while he is at camp to discuss and release information regarding such treatment or follow-up care to any of the following representatives of the BOY SCOUTS OF AMERICA, Blue Ridge Mountains Council: Greg Harmon, Program Director and Tommy Pendleton, Reservation Director. I understand that this authorization will remain in effect while I or the Scout is at summer camp and will expire no later than August 15, 2008.

Signature Parent/Guardian (or participant if over 18): _____ Date: _____

Signature of Minor: _____ Date: _____

Unit _____

Council _____