

Annual Health and Medical Record And Release Forms

(Valid for 12 calendar months)

Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Note: This record is provided as a fillable PDF, and members are encouraged to fill it out on their computer, and then print the record (rather than printing the record and filling it out by hand). Doing this will improve the readability and accuracy of each member's medical information.

Download and Complete Parts A, B and C.

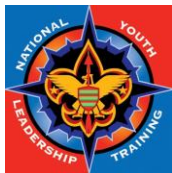
Note: If you have an Annual Health and Medical Record Parts A, B and C from last year that will be current through June 24, 2016, then you may use that completed and signed form for the NYLT 2016 course. Annual Health and Medical Records are valid for 12 calendar months.

To download Parts A, B and C, select or copy the link to web browser:

<http://www.scouting.org/scoutsource/HealthandSafety/ahmr.aspx>

Select the Download under Are You Going to Camp?:

Parts A, B and C are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and release agreement, and talent release statement are to be completed by the participant and parents/guardians. Part C is the physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle, accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.



**Boy Scouts of America
Western Los Angeles County Council**

**Parental Firearms Permission and Release and
Consent to Full Program**

MINOR'S NAME (Please print): _____

Section A. Parental Firearms Permission and Release

California State Law prohibits any person from furnishing, loaning or otherwise providing a minor any firearm or live ammunition without the express permission of their parent or guardian. Your child will not be allowed on the shooting range without the following signed release. If you do not wish your child to participate in shooting activities please write "NO PERMISSION" at the bottom of this Section A (immediately above the line "Consent to Full Program") and then continue to Sections B and C. If you do wish your child to participate in such activities, please complete the rest of this Section A, sign and date it and continue to Sections B and C.

I (Please print) _____ the Parent Legal Guardian of the above named minor do hereby give permission as required by California Penal Code Sections 12552, 12070, 12072 and 12078, et. seq. to the Boy Scouts of America, Western Los Angeles County Council (the "Council"), and to instructors certified by the Council meeting the requirements for instructors established by the Boy Scouts of America (National), to furnish a firearm (including without limitation a BB gun, air rifle, pellet gun, or C02 gun), and related ammunition, to said minor for the purpose of instructing your child in the safe handling and loading of firearms, the safe discharge of firearms and marksmanship.

Signed: _____ The Parent Legal Guardian

Print full name: _____ Date: _____

Section B. Consent to Full Program

The Council's camp programs may include some or all of the following activities: horseback riding, archery, camping, swimming, snorkeling, boating, sailing, hiking, mountain biking, crafts, use of sharp instruments, including a knife and ax, rock climbing, rappelling, team sports, and other similar activities. Your signature below will grant consent for the above named minor to participate in all of the above activities at camp without limitation if you check the box marked "Consent to full program." Alternatively, if you wish to limit or exclude your child's participation in any of the aforementioned activities, please check the other box below and explain the activity or activities in which your child's participation is restricted or excluded and the manner in which it is to be restricted:

Consent to full program Consent to program with the following limitations/exclusions:

Section C. Prohibited Activities

Each camp (the "Camp") has rules and policies that all scouts and other participants (collectively, "Participants") are required to abide by in compliance with Boy Scout and, in the case of Camp Emerald Bay, Catalina Conservancy, rules and policies. Upon arrival at a Camp, staff members will review all rules and policies with the Participants. These rules and policies include, but are not limited to:

- 1) A Participant must not throw rocks.
- 2) A Participant must follow the buddy system such that he must have a buddy for all activities at the Camp and may be asked to return to the Camp if found without a buddy.
- 3) In the case of Camp Josepho, the Camp has undeveloped and potentially unsafe areas including, but not limited to: All cliffs, and all hiking trails. Use of these areas by a Participant is considered to be "at his own risk" and any minors venturing into these areas must be accompanied by an adult.
- 4) A Participant may not swim or otherwise enter the water when the pool is closed.
- 5) A Participant may not enter areas designated as "off limits" or having a similar designation. Off limits areas include, but are not limited to:
 - a) Staff areas such as staff housing, laundry area, maintenance area and the staff lounge, except in case of emergency.
 - b) Program areas when closed. This includes but is not limited to: the field sports ranges.
- 6) A Participant may not smoke.
- 7) A Participant may not feed, handle or in any way interact with animals. This includes, but is not limited to: feral cats, insects, foxes, squirrels, deer and snakes.
- 8) A Participant may not use prohibited items that include:
 - a) Alcohol and narcotics (including medicinal marijuana)
 - b) Ammunition, firearms, compressed air guns, pellet guns, martial arts weapons, and bows and arrows (unless participating in an authorized and supervised activity designed for such purpose).
 - c) Bikes
 - d) Fireworks, fuel or propane
 - e) Any other illegal substance or items

By signing below I agree, on behalf of the above minor, to have my child abide by the above rules and policies as well as any additional ones he is informed of by the Camp staff. Additionally I certify that I have discussed the foregoing rules and policies with my child and that he will follow and abide by these rules and policies as well as any other they are informed of by the Camp staff.

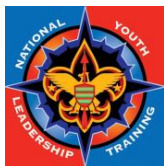
Signed: _____ The Parent [] Legal Guardian []

Section D. Exculpation and Indemnity

With regard to those activities listed in Sections A and B as to which you have given your consent to have your child participate (the "Participatory Activities"), and with respect to the any activities engaged in by your child that violate the rules and policies of a Camp, as summarized in Section C above (the "Prohibited Activities"), by signing below, you (for yourself and on behalf of your child and his/her parents, if applicable), agree that (i) the Council, the Boy Scouts of America and each of their respective directors, officers, members, activity coordinators, instructors or participants, employees or volunteers (collectively and individually, the Indemnified Parties"), shall not be liable or responsible for any injury or damage your child may suffer or incur as a result of participating in the Participatory Activities or the Prohibited Activities unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party, and (ii) your child and you, to the full extent of your liability under applicable law for your child's actions or omissions, jointly agree to defend, hold harmless and indemnify the Indemnified Parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees and court or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made) for, or on account of, any injuries or damages received or sustained by any person or persons (including your child) arising or in any way related to any action or omission of your child during the course of engaging in said Participatory Activities or Prohibited Activities, unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party.

Signed: _____ The Parent [] Legal Guardian []

Print full name: _____ Date: _____



NATIONAL YOUTH LEADERSHIP TRAINING
WESTERN LOS ANGELES COUNTY COUNCIL
Boy Scouts of America

**PARENT / GUARDIAN
REQUEST FOR MEDICATION
(If Needed)**

Scout Name: _____

Date of Birth: _____

Team / Group: (Will be determined and filled-in by an NYLT staff member)

****Medication must be provided in the original prescription bottle or package***
I request that medication be administered to my son / daughter in accordance
with the written prescription on the medication bottle / container.*

Diagnosis / Reason for Medication: _____

Medication / Dose: _____

Route (Oral, Topical, etc.): _____

Possible Reactions: _____

Instructions for Emergency Care: _____

PARENT/GUARDIAN PRINTED NAME

PARENT / GUARDIAN SIGNATURE

DATE

HOME PHONE #

WORK PHONE #

CELL PHONE #

Chief Medical Officer (CMO)



NATIONAL YOUTH LEADERSHIP TRAINING
WESTERN LOS ANGELES COUNTY COUNCIL
Boy Scouts of America

PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

Scout Name: _____

Date of Birth: _____

Team / Group: (Will be determined and filled-in by an NYLT staff member)

I give permission for my son / daughter to receive the following over-the-counter medication listed below from an Adult Staff member:

Please Circle:

Yes No Antibacterial or Antibiotic Ointment

Yes No Antihistamine or Decongestant

Yes No Aspirin

Yes No Aspirin Substitute

Yes No Cough Drop / Syrup

Yes No Antacid

Yes No Insect Bite or Poison Oak Ointment

Yes No Laxative or Anti-Diarrhea Medication

Any specific instructions? _____

PARENT/GUARDIAN PRINTED NAME

PARENT / GUARDIAN SIGNATURE

DATE

Chief Medical Officer (CMO)



NATIONAL YOUTH LEADERSHIP TRAINING
WESTERN LOS ANGELES COUNTY COUNCIL
Boy Scouts of America

PERMISSION TO CARRY MEDICATION (If Needed)

Scout Name: _____

Date of Birth: _____

Team / Group: (Will be determined and filled-in by an NYLT staff member)

Inhaler / Medication: _____

My son / daughter has been instructed in the proper use of their inhaler / medication. Their well being is in jeopardy unless the inhaler / medication is carried on his / her person; therefore, I request that he / she be permitted to carry the inhaler / medication.

I permit my son / daughter to carry the above listed inhaler / medication as ordered by his / her physician. I understand that sharing medication with other Scouts will result in disciplinary action. I also understand the NYLT Staff are unable to monitor the frequency or method of usage of inhaler / medication when it is being carried by a Scout.

PARENT/GUARDIAN PRINTED NAME

PARENT / GUARDIAN SIGNATURE

DATE

Chief Medical Officer (CMO)