Camp Workcoeman Short Term Medical Form

Name_____ Date of Birth_____
Age_____ Gender_____ Height (in)_____ Weight (lbs.) _____
Address_____ City_____ State_____ Zip_____
Council_____ Unit No._____
Unit Leader_____ Unit Leaders Mobil #_____
Health Insurance Company_____ Policy Number_____
Parents name_____ Phone Number_____
Emergency Contact_____ Phone Number_____
Do you have any allergies to: Medications explain)_____
Food (explain)_____Plants (explain)_____
Insect bites/stings (explain)_____

Do you use epinephrine injector or an inhaler? Yes or No If yes, under 18 years old & not accompanied by a parent/guardian, attach EMERGENCY TREATMENT PLAN FOR ALLERGIC REACTIONS FORM.

MEDICATION	DOSE	FREQUENCY	REASON

Are any medications to be administered by Camp Staff? __ YES ___NO If yes attach an AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION FOR EACH MEDICATION

HEALTH HISTORY (check all that apply)

	Diabetes		Neurological/behavioral disorders
	Hypertension		Blood Disorders
	Any heart related disease		Dizziness
	Surgeries		Kidney Disease
	Stroke/TIA		Seizures/epilepsy
	Asthma		Digestive issues
	Lung/Respiratory disease; COPD		Thyroid Disease
	Ear/eyes/nose/sinus problems		Skin issues
	Muscular/skeletal issues		Sleep Apnea
	Head injury/concussion/TBI		Other (specify)

IMMNUIZATION & YEAR

	TETANUS		**POLIO**		**MENINGITIS**		**OTHER:**
	PERTUSSIS		**CHICKEN POX**		**INFLUENZA**		
	DIPTHERIA		**HEPATITIS A**		**HIB**		
	MEASLES/MUMPS/RUBELLA		**HEPATITIS B**		**COVID**		**EXEMPT (ATTACH FORM)**

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. 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 protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/ videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I further 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 BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

Required: Clink on the following link and read Form D – Connecticut Rivers Council Addendum.
health-form.pdf (campworkcoeman.org)

I have read Form D. Initials_____

Any restrictions or Comments:

Signature_____ Date_____
(Adults over 18, sign here. Parent/Guardian signs for camper)

Name (print)_____ Relationship_____