UNIT TYPE/#:

CAMPOREE UNIT ROSTER

Complete this form and place it in the front of your unit's health form 3-ring binder that you will turn in at check-in.
(This form is available as a fillable pdf on the camporee registration webpage.)
For each participant:

- ☐ Fill in the roster with first name and last name. Attach additional pages as needed.
- ☐ Indicate if the participant is a youth or adult.
- ☐ Use this form to check (✓) that your unit's BSA health forms are complete. They must include Parts A/B, be dated within the last year, be signed (including by a parent if a youth form), indicate dates for vaccinations, and have an insurance card attached.
- ☐ Indicate (X) if a participant has health alerts, including mobility issue needing assistance, a rescue medication (e.g., epi pen or inhaler), an acute environmental or food allergy, or other condition that the Camporee Health Officer should be aware of.

	LAST NAME	FIRST NAME	Y/A	HEALTH FORM (✓)					ALERTS (X)			
			YOUTH / ADULT	FORM IN UNIT BINDER	PART A/B CURRENT	SIGNED	VACCINATIONS	INSURANCE CARD	MOBILITY	RESCUE EPI / INHALER	ACUTE ALLERGY	OTHER ALERT
1			Y A									
2			Y A									
3			Y A									
4			Y A									
5			Y A									
6			Y A									
7			Y A									
8			Y A									
9			Y A									
10			Y A									
11			Y A									
12			Y A									
13			Y A									
14			Y A									
15			Y A									
16			Y A									
17			Y A									
18			Y A									
19			Y A									
20			Y A									

	LAST NAME	FIRST NAME	Y/A	HEALTH FORM (✓)					ALERTS (X)			
			YOUTH / ADULT	FORM IN UNIT BINDER	PART A/B CURRENT	SIGNED	VACCINATIONS	INSURANCE CARD	MOBILITY	RESCUE EPI / INHALER	ACUTE ALLERGY	OTHER ALERT
21			Y A									
22			Y A									
23			Y A									
24			Y A									
25			Y A									
26			Y A									
27			Y A									
28			Y A									
29			Y A									
30			Y A									
31			Y A									
32			Y A									
33			Y A									
34			Y A									
35			Y A									
36			Y A									
37			Y A									
38			Y A									
39			Y A									
40			Y A									