

PARTICIPANT PHYSICALS – NYLT

All NYLT participants must have a properly completed and current “Personal Health and Medical Record” which is available at <http://www.scouting.org/scoutsource/HealthandSafety/ahmr.aspx> ; for NYLT, download the form from the “Are You Going to Camp” section (NOT the All Scouting Events section) If you do not have access to printing this off from the Web, please contact Deb McMullin at either (402) 514-3025 or email deb.mcmullin@scouting.org to request a paper copy of the form. Note that the form MUST be form 680-001 2014 Printing (listed at the bottom corner of form pages). **Please be sure your unit is using the current form!** Because NYLT is a weeklong experience, **parts A, B and C must all be completed**, but Part C weight for height restrictions will not apply because of the availability of medical services within 30 minutes. You can complete your parts of the form online then print it off and have the individual doing the physical fill in Part C using a paper copy that you have printed off. [NOTE: the form 680-001 2012 printing or forms earlier than 2014 may NOT be used.] Once Parts A, B and C are completed, make a copy of the entire physical and submit that **copy** of the physical as detailed below. The submitted copy must **include a copy of both sides of the insurance card** as explained on the form if you have health insurance. If you have no insurance, note “None” on Part B on the Health/accident insurance company line. *Note that school physical forms or cards will no longer be accepted as attachments to the new medical form!* **You must also fully complete and attach the form below and submit it with the physical.**

Parts A, B, and C must have all indicated authorized health care provider, parent/guardian, and participant information and signatures completed. This form MUST be used; a new physical form must be done each year. For this course, **the physical must have been done by the authorized health care provider within one year of the concluding NYLT day for each respective course.** A photocopy of the medical form should be turned in by the pre-course meeting if possible to allow for medical recheck and time to correct any deficiencies. If you are not attending the pre-course or prefer to send this in earlier, please mail it as directed below so that it is received by not later than two weeks prior to course start. Because e-mail copies often download slowly, are unreliable in reaching us, contain personal health information, and often do not print out correctly or legibly, **please do NOT e-mail them.**

We are required to have a properly completed medical form signed by a physician, PA, or nurse practitioner on file in the event that a medical emergency arises during the course. Consequently, we cannot make any exceptions to this requirement. A participant who does not have a properly completed form on file at the start of the course will be asked to return home and will forfeit registration fees. Medical forms will be returned at the end of the course.

Please be sure that the emergency contact information on part B legibly lists phone numbers where parents or guardians can be contacted throughout the entire week of the course (work phone, home phone, cell phones). An individual authorized to make medical or other parental decisions in the event of a medical or other emergency must be available at one of these numbers throughout the course!

Mail all forms to:
NYLT, c/o Ben Lorenzen
11219 Corby St
Omaha, NE 68164-3668

Unless you turn in your health form at the pre-course meeting, we suggest that you also bring an extra copy of your health form with you to the course just in case your leader did not turn in the form as you thought he or she would do or it got lost or delayed in the mail. This will save a drive home to get any forms that we do not have (this has happened before; do not assume “the Scoutmaster sent the form.”) If you have any questions about your medical form, please contact Ben Lorenzen at 402-881-2920 or e-mail blorenzen14@gmail.com

NYLT Physical Submission Form

Must be completed (all appropriate boxes are checked) and submitted along with the medical form

- Forms A, B, and C are complete; a COPY (not the original) is attached; all information is current.
- A photocopy of both sides of the insurance card is attached (or)
- We have Tricare and choose not to attach the card because it contains a Social Security # (or)
- We do not have medical insurance
- The immunization record is complete and contains the most recent date of tetanus immunization
- Form C was signed by an MD/DO, PA or NP on or after August 3, 2018.
- The date of the form listed at the bottom of form A (under the number 680-001) is 2014 printing

Participant name (please print legibly) _____

Parent or guardian signature _____

Date _____