

Checklist with instructions -- 2019 NYLT Medical Packet

Submission deadline: May 1, 2019* Mail hard copies to the registrar for your session. Do not send to council office please.
Please complete all requested information in compliance with BSA and State of Colorado requirements.

This packet contains all the current, required forms. Please **do not substitute** any other forms. Please read the following information carefully. The health and safety of our youth is always our first priority. Incomplete or inaccurate information may place the youth and staff at risk at camp or in an emergency or delay appropriate treatment. It is required that forms be submitted early to ensure that the medical staff has time to review, evaluate and prepare for the medical needs of every Scout in advance.

Part A: Consent and release

- Read / fill in bullet / list restrictions for the "Informed consent, release, and authorization to provide medical care".
- Parent and participant signatures please.**
- Complete - Adult authorized to transport youth. Someone must be listed even if it is yourself. Include phone numbers.
- Complete - Adults NOT authorized to transport youth - list name(s) or Mark N/A (Colorado requirement)

Part B: Medical history. Fill every line and mark every box.

- Provide **two** (2) emergency contacts with phone numbers that will be local and available during all planned activities.
*****Colorado requires one NON-PARENT emergency contact.**
- Include a clear photo copy of BOTH sides of your health insurance card
- Complete health history with explanations for "yes" answers. Check all 4 allergy boxes yes or no. Please contact the registrar if your Scout has any food or other serious allergies or medical conditions that may require advance medical or food preparation. Mental health conditions and treatment are medical conditions that must be fully disclosed for safety.
- Fill in NO MEDS bullet if appropriate. Physician signature is required even with NO meds listed.
- Clearly list all medications, include full name, dosage, frequency and when to dispense, (ie: AM/PM, with/without food) Meds are normally dispensed just before or after breakfast and in the evening after dinner. *Please print clearly.* Safety is most important, unclear or unreadable information makes proper dispensing of meds difficult.
- Two (2) Epi-Pens and Inhalers are required at camp.**
- Choose yes or no for permission to administer non-prescription medications.
- Physician signature/date is required on Part B with or without medications listed.**
- ***NOTE:** Please submit an unsigned Part B by the deadline if your physician visit is delayed due to insurance restrictions. Submit a second copy of Part B with physician signature when sending Part C.
- Immunizations -- check appropriate box - complete dates - Tetanus must be current (less than 10 years) "Current" is not acceptable

Asthma or Allergy Anaphylaxis Action plan - If your scout lists an inhaler or Epi-pen- please complete the required appropriate form included in the packet. Colorado requires parent and physician signatures on these forms.

Part C: Pre-Participation Physical. Please plan ahead, schedule appointments early to complete this form on time. Please review the form and be sure the physician completes every area and check box.

A Physician must sign and date both Part C and Part B and the Action Plan

*****NOTE:** The staff understands that insurance limitations may delay the completion of Part C, the physician examination- and signed Part B. Please contact the registrar before the deadline for approval of delayed submission of **signed Part B and Part C**

All remaining forms must be submitted by the deadline.

Colorado Addendum-Parent Authorization Forms- 2 pages. Sign ALL required areas

- Complete name, date of birth, and guardian information in top section.
- Fill in **ALL** immunization dates or attach a printed record of immunization to the top section- mark "see attached". Tetanus must be up to date (less than 10 years).
- If your scout is all or partially IMMUNIZATION EXEMPT for any reason please fill out the BSA "Immunization Exempt Request" form and it must be included with your Medical Form Packet.
<http://www.denverboyscouts.org/openrosters/DocDownload.aspx?id=169328>
- Complete **ALL 4 sections** in the Parent Authorization lower portion completely (Colorado requirement)
 - 1. Parent/ Guardian information- complete all information- **both parents information required.**
 - 2. Individual authorization for travel. Mark N/A if does not apply
 - 3. Signature required** in authorization for above named person(scout) to participate in all trips and excursions away from the campsite.
 - 4. Signature required.** List restrictions of activities or mark N/A
 - 5. Please complete parent contact information, transportation authorization and sunscreen authorization completely.

Over the Counter medication permission form - please bring this form to your doctor for review.

- Please mark "yes" OR "no" for each item listed. Indicated any allergy information.
- Parent/Guardian Signature required**

Remember: we do not need originals, please send CLEAR copies. We recommend you keep copies for yourself of your medical packet for your future use. All medical forms provided to the NYLT program cannot be returned.