

Checklist with instructions-- 2019 NYLT Medical Packet - Adult

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 is always our first priority. Incomplete or inaccurate information may place the you 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 Scouter in advance.

Part A: Consent and release

_____ Read / fill in bullet / list restrictions for the "Informed consent, release, and authorization to provide medical care".

_____ **Participant signature/ date please.**

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 the week of camp.

_____ 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 you have any food or other serious allergies or medical conditions that may require advance medical or food preparation.

_____ Fill in NO MEDS bullet if appropriate.

_____ Clearly list all medications routinely taken, include full name, dosage, frequency, and reason for medication.

Please print clearly.

_____ Choose yes or no for permission to administer non-prescription medications.

_____ Immunizations -- check appropriate box - complete dates - Tetanus must be current (less than 10 years)

<Current> is not acceptable

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.

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

All remaining forms must be submitted by the deadline.

Please complete the Leader Reference Form, Staff Commitment Statement and attach current Youth Protection Card

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 will not be returned.