

Health Forms Instructions

1. See sample
2. Get current blank forms (fillable PDF) from:
https://filestore.scouting.org/filestore/healthsafety/pdf/680-001_abc.pdf or use printed form provided.
3. Fill out and save with Scout's name to your hard drive and print. Note, information on form will not print if form has not been saved.

Page one (Part A)

1. Make sure form shows **participant's restrictions** if any or mark as none.
2. Signatures and dates needed.
3. For youth participants, and the following under Adults Authorized to take to and from events **"Any registered T840 adult leader"** this allows any adult in the troop to take your child to and from camp or any other events.

Pages two and three (Part B1 and B2)

4. Unit leader and council information as shown on sample.
5. Make sure a copy of **health insurance form is provided (front and back.)**
6. List allergies and medications.
7. Signature required for administration of over the counter medications, in case your child gets a headache or any other ailment.
8. Under Immunization section, fill out information including dates or provide immunization records. **If your child is exempt, please provide State issued form.**

Page four (Part C) Must be completed by licensed physicians (MD, DO), nurse practitioners or physician assistants.

9. Examiner's signature and date required.
10. Provider's printed name, address and office phone number required.

When form is complete, please scan and submit to ana.servellon@ymail.com or hand in at troop meeting.