



Boy Scouts of America

Hudson Valley Council

Annual Health & Medical Record

Forms Manual

for

2013 National

Jamboree

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Introduction

Welcome to the BSA Annual Health and Medical Record (AHMR) Form Tool! This manual will serve as instructions for completing your BSA AHMR Form.

Within the body of the BSA AHMR Form you will be required to enter specific information including general personal information, medical history, health insurance information, allergies and adverse reactions to medications and immunizations history.

This information is **MANDATORY** if you would like to participate in future BSA outdoor activities. Certain activities require specific information, so it is vital that you be as specific as possible when entering your information.

General information with a * denoted is required to proceed and you will be prevented from participating at all if this information is not provided. In order to ensure participation please provide as much information as is possible and please be sure all information is up to date and correct.

NOTE: Some information will be already filled in and imported from information contained within your membership pages on scouting.org.

Navigating to the 2013 Jamboree AHMR Form

1. Go to www.bsajamboree.org to sign in to your Summit account.
2. Select "2013 Jamboree"
3. Select "Registration"
4. Select "edit an existing application" on the banner of the page to get to the Dashboard of your jamboree application.
5. The AHMR Form link will be located at the top left of your Dashboard screen.

Get Ready! Be Prepared!

1. Once your browser shows the **AHMR Forms Editor** tool you will first be presented with an overview of the procedure for submitting your AHMR, including a list of materials and paperwork you will need to proceed.
2. Once you have verified you understand and have all the necessary paperwork, select **Yes** from the dropdown menu across from **Do You Have What You Need?**
3. **NOTE:** If at any time you want to print your form or save your progress and finish later you may select either the Print or Save Progress options on the top right of the screen.

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Welcome bsagatester | Logout | Release Details | Legacy MyScouting

2013 National Scout Jamboree

Tools | Toolkits

Back to Dashboard | Get Ready! Be Prepared! | Print | Save Progress

Get Ready! Be Prepared!

Lets Get Ready! Lets Get Prepared!

Things You Will Need to Complete Your Annual Health and Medical Record:

- Health History
- Insurance Information
(including a copy of both sides of your health insurance card to include with the mail-in portion (Part C) of the Annual Health and Medical Record)
- Immunization Records
- Allergy Information
- Medication Information

Once you have your information Prepared Lets Get Started!

You can Save your Progress Anytime and Continue your Application at a Later Date / Time.

Once you have submitted all of the required information online, you will be required to print Part C of the Annual Health and Medical Record and take it to your physician for completion. Once your physician has completed Part C of your Annual Health and Medical Record, make a copy for your records and mail the Part C along with a copy of both sides of your health insurance card to:

Boy Scouts of America
Event Registration

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Get Ready! Be Prepared!

Get Ready! Be Prepared!

- Immunization Records
- Allergy Information
- Medication Information

Once you have your information Prepared Lets Get Started!

You can Save your Progress Anytime and Continue your Application at a Later Date / Time.

Once you have submitted all of the required information online, you will be required to print Part C of the Annual Health and Medical Record and take it to your physician for completion. Once your physician has completed Part C of your Annual Health and Medical Record, make a copy for your records and mail the Part C along with a copy of both sides of your health insurance card to:

Boy Scouts of America
Event Registration
PO Box 152010
Irving, TX 75015
PERSONAL & CONFIDENTIAL

All completed Annual Health and Medical Record forms are due to the address above no later than April 15, 2013

If you are unable to use this online system to submit your medical information, you may download and use the printed form found at www.scouting.org/filestore/HealthSafety/pdf/part_c.pdf. This form should also be mailed to the address above.

PREVIOUS | NEXT

Reviewing Policy

1. After locating the things you will need to complete your form, Select **Next**. You will be presented with the **Policy on Use of the Annual Health and Medical Record**.
2. Please be sure to thoroughly read the entire policy.
3. Once you have read (and if you agree) to the policy, select **Yes**. If you disagree, select No from the dropdown menu. Then select **Next**.

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2013 National Scout Jamboree

Tools Toolkits

Back to Dashboard Review Policy Print Save Progress

Review Policy

Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant.

Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed at least annually by participants in all Scouting events. This health history, parental/ guardian informed consent and release agreement, and talent release statement is to be completed by the participant and parents/guardians. Attach a copy of both sides of your insurance card.

Part C is the pre-participation physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed healthcare provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/ weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle, accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas. See the FAQs for when this does not apply.

Part D is required to be reviewed by all participants of a high adventure program at one of the national high-adventure bases listed below, as well as unit-based, high-adventure backcountry activities, and shared with the examining health-care provider before completing Part C. Part D can be downloaded [here](#).

- **Philmont Scout Ranch.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 6,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- **Northern Tier National High Adventure Base.**
- **Florida National High Adventure Sea Base.** The PADI medical form is also required if scuba diving at this base.
- [Summit Bechtel Reserve](#) (home of the National Scout Jamboree).

Did you Read and Understand the Policy?

PREVIOUS NEXT

Review Risks

1. After selecting **Next**, you will be presented with a series of risks factors that may limit your participating in some outdoor activities.
2. Please be sure to read the entire list.
3. Once you have read (and if you understand) the risks, select **Yes**. If you disagree, select **No** from the dropdown menu. Then select **Next**.

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2013 National Scout Jamboree

Tools | Toolkits

Back to Dashboard | Review Risks | Print | Save Progress

Review Risks

Risk Factors
Based on the vast experience of the medical community, the BSA has identified the following risk factors that may limit your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions
The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

Frequently Asked Questions (FAQs)

Factores de riesgo
Con base en la gran experiencia de la comunidad médica, BSA ha identificado los siguientes factores de riesgo que podrían limitar su participación en varias aventuras al aire libre.

- Peso corporal excesivo
- Enfermedad cardiaca
- Hipertension (Presión arterial alta)
- Diabetes
- Convulsiones
- Falta de vacunacion adecuada
- Asma
- Alergias/anafilaxia
- Lesiones musculares/oseas
- Trastornos psiquiátricos/psicológicos y emocionales

Para obtener más información sobre los factores de riesgo médicos, visite Scouting Safely en www.scouting.org.

Prescripciones
Tomar los medicamentos prescritos es responsabilidad del individuo que requiere el medicamento o del padre de familia o tutor del individuo. Un líder, después de haber obtenido toda la información necesaria, puede aceptar la responsabilidad de asegurarse de que un niño tome el medicamento necesario a la hora apropiada, pero BSA no obliga ni necesariamente anima al líder a que lo haga. Asimismo, si las leyes estatales son más limitantes, deben ser cumplidas.

Preguntas frecuentes

PREVIOUS | NEXT

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Tools | Toolkits

Back to Dashboard | Review Risks | Print | Save Progress

Review Risks

can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

Frequently Asked Questions (FAQs)

- Philmont Scout Ranch: www.philmontscoutranch.org or 575-376-2281
- Northern Tier National High Adventure Program: www.ntier.org or 218-365-4811
- Florida National High Adventure Sea Base: www.bsaseabase.org or 305-664-5612
- National Scout jamboree: www.bsajamboree.org
- Summit Bechtel Reserve: www.summitblog.org or 304-250-6750

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsources/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at www.hhs.gov/ocr/privacy/.

la información necesaria, puede aceptar la responsabilidad de asegurarse de que un niño tome el medicamento necesario a la hora apropiada, pero BSA no obliga ni necesariamente anima al líder a que lo haga. Asimismo, si las leyes estatales son más limitantes, deben ser cumplidas.

Preguntas frecuentes

- Rancho Scout Philmont: www.philmontscoutranch.org ó 575-376-2281
- Base nacional de aventura extrema Northern Tier: www.ntier.org ó 218-365-4811
- Base nacional marina de aventura extrema de la Florida: www.bsaseabase.org ó 305-664-5612
- Jamboree Scout Nacional: www.bsajamboree.org
- Summit Bechtel Reserve: www.summitblog.org ó 304-250-6750

Para consultar las preguntas frecuentes sobre este Registro Médico y de Salud Anual, consulte Scouting Safely en línea en <http://www.scouting.org/scoutsources/HealthandSafety.aspx>. La información sobre la Ley de responsabilidad y transferibilidad de seguros médicos (HIPAA, por sus siglas en inglés) se encuentra en www.hhs.gov/ocr/privacy/.

Did you Read and Understand the Risks?

PREVIOUS | NEXT

General Information

1. After selecting **Next** you will be presented with a series of information boxes containing basic information about you.
2. Please fill out all boxes to the best of your ability.
3. When you have completed all required boxes (marked with a red *) select **Next**.

The screenshot shows a web interface for the 2013 National Scout Jamboree registration. At the top, there is a header with the BSA logo and the slogan "Prepared. For Life." on the left, and user information "Welcome bsaqalester" with links for "Logout", "Release Details", and "Legacy MyScouting" on the right. Below the header, the page title is "2013 National Scout Jamboree" and "Part A - General Information". There are buttons for "Tools" and "Toolkits". A navigation bar includes "Back to Dashboard", "Print", and "Save Progress". The main form area is titled "Part A - General Information" and contains several input fields: "BSA Membership Id" (112603587), "First Name" (David), "Last Name" (Moody), "Date of birth" (9/24/1959), and "Gender" (a dropdown menu with a red asterisk indicating it is required). At the bottom, there is a progress indicator with a "PREVIOUS" button on the left and a "NEXT" button on the right, with a blue circle highlighting the current step. A help icon is visible in the bottom right corner.

BSA Membership Id	112603587
First Name	David
Last Name	Moody
Date of birth	9/24/1959
Gender	<input type="text"/> *

Insurance Information

1. After selecting **Next** you will be presented with information boxes where you must provide your insurance company and policy number.
2. If you have no medical insurance state "**None**" in the box provided.
3. When you have completed all required boxes select **Next**.

The screenshot shows a web application interface for the 2013 National Scout Jamboree. At the top left is the Scout logo and the slogan "Prepared. For Life.". The user is logged in as "bsaqalester". Navigation links include "Logout", "Release Details", and "Legacy MyScouting". There are "Tools" and "Toolkits" buttons. The main heading is "2013 National Scout Jamboree" and the current page is "Part A - Insurance Information". A "Back to Dashboard" button is on the left, and "Print" and "Save Progress" buttons are on the right. The form content includes a reminder: "Remember to include a photocopy of both sides of your health insurance card when you mail Part C". There are two input fields: "Health/accident insurance company (enter 'none' if no insurance)" and "Policy No. (enter 'none' if no insurance)". Both fields have a red asterisk indicating they are required. At the bottom, there is a progress indicator with a "PREVIOUS" button on the left and a "NEXT" button on the right. A help icon is also present in the bottom right corner.

Emergency Contact Information

1. After selecting **Next** you will be presented with information boxes where you must provide information about your emergency contact.
2. Once you have provided all required information about your emergency contact, select **Next**.

The screenshot shows a web application interface for the 2013 National Scout Jamboree. At the top, there is a header with the BSA logo and the slogan "Prepared. For Life." on the left, and user information "Welcome bsagatester" with links for "Logout", "Release Details", and "Legacy MyScouting" on the right. Below the header, the page title is "2013 National Scout Jamboree" and "Part A - Emergency Contact Information". There are buttons for "Tools" and "Toolkits" on the right, and "Back to Dashboard", "Print", and "Save Progress" at the top of the form area.

The form itself is titled "Part A - Emergency Contact Information" and contains the following fields:

- Name (required, indicated by a red asterisk)
- Relationship (required, indicated by a red asterisk)
- Address (required, indicated by a red asterisk)
- City
- State (dropdown menu)
- Zip / Postal Code
- Primary phone (required, indicated by a red asterisk)
- Alternate phone
- 2nd Alternate phone
- Alternate contact name (required, indicated by a red asterisk)
- Alternate's phone (required, indicated by a red asterisk)

At the bottom of the form, there is a progress indicator with a "PREVIOUS" button on the left and a "NEXT" button on the right. A help icon (?) is located in the bottom right corner of the form area.

Health History

1. After selecting **Next** you will be presented with information boxes where you must provide information from the dropdowns with your health history.
2. **NOTE:** If a question does not apply to you select "N/A" from the dropdown box.
3. Once you have selected all options for health history, select **Next**.

2013 National Scout Jamboree

Part A - Health History

Asthma

Last Attack (MM/DD/YYYY)

Explain

Diabetes

Last HbA1c (Percentage)

Explain

Hypertension (high blood pressure)

Explain

PREVIOUS NEXT

2013 National Scout Jamboree

Part A - Health History

Heart disease/heart attack/chest pain/heart murmur

Explain

Stroke/TIA

Explain

Lung/respiratory disease

Explain

Ear/sinus problems

Explain

PREVIOUS NEXT

Health History

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2013 National Scout Jamboree

Tools Toolkits

Back to Dashboard Part A - Health History Print Save Progress

Part A - Health History

Muscular/skeletal condition

Explain

Menstrual Problems? (Males answer N/A)

Explain

Psychiatric/psychological and emotional difficulties

Explain

Behavioral/neurological disorders

Explain

PREVIOUS NEXT

?

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2013 National Scout Jamboree

Tools Toolkits

Back to Dashboard Part A - Health History Print Save Progress

Part A - Health History

Bleeding disorders

Explain

Fainting spells

Explain

Thyroid disease

Explain

Kidney disease

Explain

PREVIOUS NEXT

?

Health History

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2013 National Scout Jamboree

Tools | Toolkits

Back to Dashboard | Part A - Health History | Print | Save Progress

Part A - Health History

Sickle cell disease

Explain

Seizures

Last seizure (MM/DD/YYYY)

Explain

Sleep disorders (e.g., sleep apnea)

Use CPAP

Explain

PREVIOUS | NEXT

?

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2013 National Scout Jamboree

Tools | Toolkits

Back to Dashboard | Part A - Health History | Print | Save Progress

Part A - Health History

Use CPAP

Explain

Abdominal/digestive problems

Explain

Surgery

Last surgery (MM/DD/YYYY)

Explain

Serious injury

PREVIOUS | NEXT

?

Allergy or Adverse Reaction Information

1. After selecting **Next** you will be presented with information boxes where you must select from the dropdown boxes information about allergies or adverse medication reactions.
2. Once you have selected all options for allergy and adverse medication reactions, select **Next**.

The screenshot shows a web form titled "2013 National Scout Jamboree" with the sub-header "Part A - Allergy or Adverse Reaction Information". The form includes a navigation bar with "Back to Dashboard", "Print", and "Save Progress" buttons. The main content area asks, "Are you allergic to or do you have any adverse reaction to any of the following?". It features two sections: "Medication" and "Food, plants, or insect bites". Each section has a dropdown menu and a text area for listing and describing reactions. At the bottom, there is a progress indicator with a "PREVIOUS" button on the left and a "NEXT" button on the right, with the current step highlighted. A help icon is located in the bottom right corner.

Immunization Information

1. After selecting **Next** you will be presented with information boxes where you must select from the dropdown boxes information about your immunization information. You must select if you have been immunized, date of immunization and whether or not you have had the disease. If you are certain that you had the disease, but don't know the date (it may have been years ago in childhood), select "**Yes**" and leave the date blank.
2. Once you have selected all options for immunization information, select **Next**.

The screenshot shows the 'Part A - Immunization Information' section of the 2013 National Scout Jamboree registration system. The user is currently on the 'Tetanus' section. The form includes the following fields:

- Tetanus : Have you been Immunized? (dropdown menu)
- Tetanus : Date of Last Immunization (Must be more recent than July 25th, 2003) (MM/DD/YYYY) (dropdown menu)
- Tetanus : Have had the Disease? (dropdown menu)
- Tetanus : Date of Disease (MM/DD/YYYY) (dropdown menu)

Below the Tetanus section is the 'Pertussis' section with the following fields:

- Pertussis : Have you been Immunized? (dropdown menu)
- Pertussis : Date of Last Immunization? (MM/DD/YYYY) (dropdown menu)
- Pertussis : Have had the Disease? (dropdown menu)
- Pertussis : Date of Disease? (MM/DD/YYYY) (dropdown menu)

At the bottom of the form, there is a progress indicator with a 'PREVIOUS' button on the left and a 'NEXT' button on the right. The 'NEXT' button is highlighted, indicating the user's current position in the form.

The screenshot shows the 'Part A - Immunization Information' section of the 2013 National Scout Jamboree registration system. The user is currently on the 'Diphtheria' section. The form includes the following fields:

- Diphtheria : Have you been Immunized? (dropdown menu)
- Diphtheria : Date of Last Immunization? (MM/DD/YYYY) (dropdown menu)
- Diphtheria : Have had the Disease? (dropdown menu)
- Diphtheria : Date of Disease? (MM/DD/YYYY) (dropdown menu)

Below the Diphtheria section is the 'Measles' section with the following fields:

- Measles : Have you been Immunized? (dropdown menu)
- Measles : Date of Last Immunization? (MM/DD/YYYY) (dropdown menu)
- Measles : Have had the Disease? (dropdown menu)
- Measles : Date of Disease? (MM/DD/YYYY) (dropdown menu)

At the bottom of the form, there is a progress indicator with a 'PREVIOUS' button on the left and a 'NEXT' button on the right. The 'NEXT' button is highlighted, indicating the user's current position in the form.

Immunization Information

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2013 National Scout Jamboree

Tools | Toolkits

Back to Dashboard | Part A - Immunization Information | Print | Save Progress

Part A - Immunization Information

Mumps

Mumps : Have you been Immunized?

Mumps : Date of Last Immunization? (MM/DD/YYYY)

Mumps : Have had the Disease?

Mumps : Date of Disease? (MM/DD/YYYY)

Rubella

Rubella : Have you been Immunized?

Rubella : Date of Last Immunization? (MM/DD/YYYY)

Rubella : Have had the Disease?

Rubella : Date of Disease? (MM/DD/YYYY)

Polio

PREVIOUS | NEXT

?

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2013 National Scout Jamboree

Tools | Toolkits

Back to Dashboard | Part A - Immunization Information | Print | Save Progress

Part A - Immunization Information

Polio

Polio : Have you been Immunized?

Polio : Date of Last Immunization? (MM/DD/YYYY)

Polio : Have had the Disease?

Polio : Date of Disease? (MM/DD/YYYY)

Chicken Pox

Chicken Pox : Have you been Immunized?

Chicken Pox : Date of Last Immunization? (MM/DD/YYYY)

Chicken Pox : Have had the Disease?

Chicken Pox : Date of Disease? (MM/DD/YYYY)

Hepatitis A

Hepatitis A : Have you been Immunized?

PREVIOUS | NEXT

?

Immunization Information

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2013 National Scout Jamboree

Tools | Toolkits

Back to Dashboard | Part A - Immunization Information | Print | Save Progress

Part A - Immunization Information

Hepatitis A

Hepatitis A : Have you been Immunized?

Hepatitis A : Date of Last Immunization? (MM/DD/YYYY)

Hepatitis A : Have had the Disease?

Hepatitis A : Date of Disease? (MM/DD/YYYY)

Hepatitis B

Hepatitis B : Have you been Immunized?

Hepatitis B : Date of Last Immunization? (MM/DD/YYYY)

Hepatitis B : Have had the Disease?

Hepatitis B : Date of Disease? (MM/DD/YYYY)

Meningitis

PREVIOUS | NEXT

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2013 National Scout Jamboree

Tools | Toolkits

Back to Dashboard | Part A - Immunization Information | Print | Save Progress

Part A - Immunization Information

Meningitis

Meningitis : Have you been Immunized?

Meningitis : Date of Last Immunization? (MM/DD/YYYY)

Meningitis : Have had the Disease?

Meningitis : Date of Disease? (MM/DD/YYYY)

Influenza

Influenza : Have you been Immunized?

Influenza : Date of Last Immunization? (MM/DD/YYYY)

Influenza : Have had the Disease?

Influenza : Date of Disease? (MM/DD/YYYY)

Other (e.g., shingles, pneumonia, etc.)

PREVIOUS | NEXT

Immunization Information

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2013 National Scout Jamboree | Tools | Toolkits

Back to Dashboard | Part A - Immunization Information | Print | Save Progress

Part A - Immunization Information

Influenza : Have had the Disease?

Influenza : Date of Disease? (MM/DD/YYYY)

Other (e.g., shingles, pneumonia, etc.)

Other (e.g., shingles, pneumonia, etc.) : Have you been Immunized?

If Yes, list immunization(s) and Date of Immunization:

Other (e.g., shingles, pneumonia, etc.) : Have had the Disease?

If Yes, list Disease(s) and Date of Infection:

Exemption to Immunizations

Exemption to immunizations claimed (form required).

PREVIOUS | [Progress Bar] | NEXT

?

Medication Information

1. After selecting **Next** you will be presented with a series of information boxes where you must enter information about your medication. There is a space to list 6 different medications. If more room is needed, attach a separate sheet. For each medication you list indicate strength, frequency, and reason for taking medication
2. After entering all required information, select **Next**.

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Tools Toolkits

Back to Dashboard Part A - Medication Information Print Save Progress

Part A - Medication Information

Medications - Are you Currently Using Any Medications *

Additional medications (sheet attached) *

Medication

Strength

Frequency

Reason for medication

Medication

Strength

Frequency

Reason for medication

PREVIOUS NEXT

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2013 National Scout Jamboree

Tools Toolkits

Back to Dashboard Part A - Medication Information Print Save Progress

Part A - Medication Information

Medication

Strength

Frequency

Reason for medication

Medication

Strength

Frequency

Reason for medication

Medication

Reason for medication

PREVIOUS NEXT

Medication Information

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2013 National Scout Jamboree

Tools Toolkits

Back to Dashboard Part A - Medication Information Print Save Progress

Part A - Medication Information

Medication	<input type="text"/>
Strength	<input type="text"/>
Frequency	<input type="text"/>
Reason for medication	<input type="text"/>

Medication	<input type="text"/>
Strength	<input type="text"/>
Frequency	<input type="text"/>
Reason for medication	<input type="text"/>

Youth only: Administration of the above medications is approved by parent/guardian (Adults - answer N/A)

PREVIOUS NEXT

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2013 National Scout Jamboree

Tools Toolkits

Back to Dashboard Part A - Medication Information Print Save Progress

Part A - Medication Information

Strength	<input type="text"/>
Frequency	<input type="text"/>
Reason for medication	<input type="text"/>

Youth only: Administration of the above medications is approved by parent/guardian (Adults - answer N/A)

Administration of the above medications is approved by healthcare provider

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Did you Read and Understand

PREVIOUS NEXT

Informed Consent and Release Agreement

1. After selecting **Next**, you will be presented with a series of information boxes about your informed consent and release.
2. If you agree, select "Yes" from the dropdown box, leave the remainder of the page blank and select **Next** and move on to the next section. If you do not agree, select "No" and follow the instructions below.

The screenshot shows a web-based form titled "2013 National Scout Jamboree" with the sub-header "Part B - Informed Consent and Release Agreement". The form contains the following text:

INFORMED CONSENT AND RELEASE AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

At the bottom of the form, there is a progress bar with a "PREVIOUS" button on the left and a "REVIEW" button on the right. The progress bar shows the current step is highlighted. There are also "Tools" and "Toolkits" buttons at the top right of the form area.

Informed Consent and Release Agreement

1. You also have the opportunity to add in the bottom box special considerations, activity restrictions, or restrictions you would like to be noted. "With special considerations or restrictions" select **Yes** from the dropdown box.
2. In the next box list those special considerations, program activity restrictions, or other restrictions you would like to be noted.
3. Once you have entered all required information, select **Next**.

The screenshot shows a web-based form titled "2013 National Scout Jamboree" and "Part B - Informed Consent and Release Agreement". The form includes a header with the BSA logo and "Prepared. For Life." slogan, and a navigation bar with "Back to Dashboard", "Print", and "Save Progress" buttons. The main content area contains the following text:

Part B - Informed Consent and Release Agreement
CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Without restrictions

With special considerations or restrictions

(special considerations or restrictions list)

At the bottom, there is a progress indicator with a "PREVIOUS" button on the left and a "REVIEW" button on the right, with a question mark icon in the bottom right corner.

Review

1. After selecting **Next** you will be presented with a final **Review** page. On this page you will be presented with a review of all the information you've entered into your medical form.
2. Please thoroughly review all information in all categories.
3. Any incomplete information is highlighted in red. The information must be complete before your application is "Ready for Jamboree Review." You can go back and fill in the incomplete information, re-review and then when complete submit **Parts A & B of your Annual Health and Medical Record** electronically. Or...

Prepared. For Life®

Welcome bsaqstester | Logout | Release Details | Legacy MyScouting

2013 National Scout Jamboree

Tools Toolkits

Review

Review

Did you Read and Understand the Policy?	<input type="text"/>
Did you Read and Understand the Risks?	<input type="text"/>
BSA Membership Id	112603587
First Name	David
Last Name	Moody
Date of birth	9/24/1959
Gender	<input type="text"/>
Health/accident insurance company (enter "none" if no insurance)	<input type="text"/>
Policy No. (enter "none" if no insurance)	<input type="text"/>
Name	<input type="text"/>
Relationship	<input type="text"/>

PREVIOUS

SUBMIT

?

Review

4. You can print your form, fill in the incomplete information by hand, and mail in Parts A & B at the same time you mail in the completed Part C and a copy of your insurance card (see #6 below, pg. 32).
5. If the information is correct, select **Submit**. Your medical information will then be submitted for review to the BSA.

The screenshot shows a web-based form titled "2013 National Scout Jamboree" with a "Review" section. The form contains several input fields, some of which are highlighted in red, indicating they are required or have errors. The fields are: Address, City, State, Zip / Postal Code, Primary phone, Alternate phone, 2nd Alternate phone, Alternate contact name, Alternate's phone, Asthma, and Last Attack (MM/DD/YYYY). At the bottom of the form, there is a "PREVIOUS" button, a progress indicator with 10 steps (the 10th step is active), and a "SUBMIT" button. The top of the page includes a navigation bar with the BSA logo, the slogan "Prepared. For Life.", and user information: "Welcome bsqalester", "Logout", "Release Details", and "Legacy MyScouting". There are also "Tools" and "Toolkits" buttons.

Review

Prepared. For Life.[®] Welcome bsaqfester | Logout | Release Details | Legacy MyScouting

2013 National Scout Jamboree Tools Toolkits

Review

Review

Menstrual Problems? (Males answer N/A)

Explain

Psychiatric/psychological and emotional difficulties

Explain

Behavioral/neurological disorders

Explain

Bleeding disorders

Explain

Fainting spells

PREVIOUS SUBMIT

?

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2013 National Scout Jamboree Tools Toolkits

Review

Review

Fainting spells

Explain

Thyroid disease

Explain

Kidney disease

Explain

Sickle cell disease

Explain

Seizures

PREVIOUS SUBMIT

?

Review

Prepared. For Life.[®] Welcome bsaqtester | Logout | Release Details | Legacy MyScouting

2013 National Scout Jamboree Tools Toolkits

Review

Review

Mumps : Date of Last Immunization? (MM/DD/YYYY)	<input type="text"/>
Mumps : Have had the Disease?	<input type="text"/>
Mumps : Date of Disease? (MM/DD/YYYY)	<input type="text"/>
Rubella : Have you been Immunized?	<input type="text"/>
Rubella : Date of Last Immunization? (MM/DD/YYYY)	<input type="text"/>
Rubella : Have had the Disease?	<input type="text"/>
Rubella : Date of Disease? (MM/DD/YYYY)	<input type="text"/>
Polio : Have you been Immunized?	<input type="text"/>
Polio : Date of Last Immunization? (MM/DD/YYYY)	<input type="text"/>
Polio : Have had the Disease?	<input type="text"/>
Polio : Date of Disease? (MM/DD/YYYY)	<input type="text"/>
Chicken Pox : Have you been Immunized?	<input type="text"/>

PREVIOUS SUBMIT

?

Prepared. For Life.[®] Welcome bsaqtester | Logout | Release Details | Legacy MyScouting

2013 National Scout Jamboree Tools Toolkits

Review

Review

Chicken Pox : Have you been Immunized?	<input type="text"/>
Chicken Pox : Date of Last Immunization? (MM/DD/YYYY)	<input type="text"/>
Chicken Pox : Have had the Disease?	<input type="text"/>
Chicken Pox : Date of Disease? (MM/DD/YYYY)	<input type="text"/>
Hepatitis A : Have you been Immunized?	<input type="text"/>
Hepatitis A : Date of Last Immunization? (MM/DD/YYYY)	<input type="text"/>
Hepatitis A : Have had the Disease?	<input type="text"/>
Hepatitis A : Date of Disease? (MM/DD/YYYY)	<input type="text"/>
Hepatitis B : Have you been Immunized?	<input type="text"/>
Hepatitis B : Date of Last Immunization? (MM/DD/YYYY)	<input type="text"/>
Hepatitis B : Have had the Disease?	<input type="text"/>
Hepatitis B : Date of Disease? (MM/DD/YYYY)	<input type="text"/>

PREVIOUS SUBMIT

?

Review

The screenshot shows a web-based form titled "Review" for the "2013 National Scout Jamboree". The form includes fields for "medication", "Strength", "Frequency", and "Reason for medication". Below these are several red-highlighted sections: "Youth only: Administration of the above medications is approved by parent/guardian", "Administration of the above medications is approved by healthcare provider", "Did you Read and Understand", and "Without restrictions". There are also fields for "With special considerations or restrictions" and "(special considerations or restrictions list)". At the bottom, there is a "PREVIOUS" button, a progress indicator with 10 dots (the 10th dot is filled), and a "SUBMIT" button. The top of the page shows the BSA logo, the slogan "Prepared. For Life.", and user information: "Welcome baaqatester", "Logout", "Release Details", and "Legacy MyScouting". There are also "Tools" and "Toolkits" buttons.

6. In addition to the medical information you just submitted online, you will need to print out a copy of your medical form and make an appointment with your doctor for a physical exam. Print Page 8 of Part D and bring it to your doctor to perform a physical exam and complete and sign Part C of the printed medical form (Part D has the Bechtel Summit High Adventure Requirements).

Submitting Your Jamboree Medical Form

Once your physician has completed Part C of your Annual Health and Medical Record Form, make a copy for your records and submit the **entire medical form in original**, with a copy of both sides of your insurance card, to your Jamboree Troop Committee Chair or his/her designee. You must submit the Jamboree medical which has the unique Jamboree barcode identifier.

Each Jamboree Troop has designated a qualified committee member to conduct an initial review of the forms for completeness. After this is completed, the forms will be forwarded to the Council for another review to ensure completeness. The Council will scan all medical forms into PDF format and will provide your Scoutmaster and Assistant Scoutmasters with these documents on a thumb drive so that they can have this information on their person at all times during the Jamboree. The Council will also submit all medical forms to the National BSA Jamboree Event Registration (and will track and confirm receipt).

Your Jamboree Troop Committee will determine the date by which you will submit the forms for review. All completed Annual Health and Medical Record Forms are due to the Council Office **no later than March 15, 2013**.

If you have any additional questions or concerns please contact the
BSA National Support Center at myscouting@scouting.org.