Pack 874 Annual Forms Cover Sheet 2024-2025

- Annual Health & Medical Forms Parts A and B are required for all participants - this includes parents, guardians, siblings, youth, and unit leaders. Please fill out ALL fields correctly and completely. A checklist to ensure you haven't missed anything is included below.
- Adults recommended to complete BSA Youth Protection Training (YPT). For Cub Scout Day Camp volunteers, this is REQUIRED.
- Optional: Adults with medical training are invited to share copies of certifications (e.g., CPR training).

List attached materials:

Adult Name / Email Address	Medical Form + Insurance Card	YPT Certificate
	☐	☐
	☐	☐
Youth Name	**Medical Form + Insurance Card**	**Scout Den or "Sibling"**
	☐	
	☐	
	☐	

Annual Health & Medical Form Checklist:
- ☐ Include photocopy of health insurance card, back and front, <u>ONE PER FORM</u>.
- ☐ Part A:
  - ☐ You *must* list participant restrictions or check "none."
  - ☐ We don't use BB guns but scouts will shoot BB guns at Day Camp; leave the BB guns checkbox *blank* if you would like them to be able to shoot there.
  - ☐ For Adult forms, complete "Participant signature / date."
  - ☐ For Youth forms, complete "Parent/guardian signature for youth / date."
  - ☐ For "Adults Authorized to Take Youth to and From Events" list ANYONE, *including parents*.
- ☐ Part B1:
  - ☐ Unit Leader is **Ryan Levin, 410-302-0650**.
  - ☐ Council Name is **Baltimore Area Council**.
  - ☐ Unit No. is **Pack 874**.
- ☐ Part B2:
  - ☐ You must check YES or NO for epinephrine autoinjector, rescue inhaler, and all four allergy questions.
  - ☐ The medication list is for *all* medications taken (for medical professional awareness), whether or not it will be given/taken at Scouting events.
  - ☐ You *must* check YES or NO regarding non-prescription medication administration authorization (this is primarily for Cub Scout Day Camp, if you are not present, which staffs with trained medical personnel)..
    - ☐ If you check YES, you *must* sign directly below. Leave doctor's signature blank.
  - ☐ Filling out immunization information is *required*; please do your best on dates (year/month).
  - ☐ Only *required* immunization is Tetanus (DTaP, Tdap, or Td), within the last 10 years; year/month is *required.*