

# Pack 874 Annual Forms Cover Sheet

## 2023-2024

- 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.
- NEW: Adults recommended to complete BSA Youth Protection Training (YPT) and submit completion certificate. For Cub Scout Day Camp volunteers, this is REQUIRED before Day Camp registration..
- 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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Youth Name	Medical Form + Insurance Card	Scout Den or "Sibling"
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Annual Health & Medical Form Checklist:

- ☐ Include photocopy of health insurance card, back and front, ONE PER FORM
- ☐ Part A:
  - ☐ You *must* list participant restrictions or check "none"
  - ☐ 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 **John Stoneham, 410-499-9848**
  - ☐ Council Name is **Baltimore Area Council**
  - ☐ Unit No. is **Pack 874**
- ☐ Part B2:
  - ☐ 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
  - ☐ Filling out immunization information is *required*; please do your best on dates
  - ☐ Only *required* immunization is Tetanus (DTaP, Tdap, or Td), within the last 10 years; date is *required*