

First Aid Log

For a council/district activity or event including day camps.
(Resident camps must use No. 33681.)

Council name/number: Twin Rivers 364 District: _____

Activity/event: _____

Location: _____

Duration: _____ to _____
Date Time Date Time

Health officers/first-aid providers:

Name: _____ Scouting position: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

Name: _____ Scouting position: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____



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EMERGENCY TELEPHONE NUMBERS

Fire: _____

Police or sheriff: _____

Hospital: _____

Rescue squad/ambulance: _____

Medical practitioner(s): _____

Scout executive: Richard Stockton - richard.stockton@scouting.org

Office: 518-869-6436 X37 Home: 802-922-7173

Cell: 802-922-7173 Email: above

National Crisis Communication Support

- BSA crisis and communication issues management hotline: 1-855-870-2178
- BSA national office communication specialist: David Burke, 972-580-2280
- BSA public relations email: PR@scouting.org

HOW TO USE THE FIRST AID LOG

- Print the time of day, name of each person seen, a brief summary of injury or complaint of illness, and pertinent comments. Information should include the nature of the activity engaged in at the time of the injury or illness and the specific location, such as swimming pool, troop campsite, or dining hall. Each treatment or disposition must be described and signed by the person rendering aid. Use as many lines as needed for each entry.
- If a complete page of the First Aid Log is not used on any one day, draw a line through the entire next space across both pages and enter the next day's date on the next line. This eliminates the possibility of false entries at a later date.
- The SOAP formula is recommended for recording in this log.
 - S—Subjective: what you are *told*
 - O—Objective: what you *see and measure*
 - A—Assessment: working diagnosis, what you *think* is the problem
 - P—Plan: what you *did to treat* the problem
- **IMPORTANT.** This record should be kept on file in the council service center, following council retention policies.

Note: All incidents, illnesses, and injuries requiring the intervention of a medical provider beyond basic Scout-rendered first aid shall be reported via MyBSA. The Incident Information Report, No. 680-016, and Near Miss Incident Information Report, No. 680-017 (for incidents not resulting in injury or illness, but could have), are available at www.scouting.org/forms or from Supply Group to aid in your reporting.

Near Miss Incident Information Report

(A near miss does not result in injury, illness, or damage by definition, but it had the potential to do so.)

Near miss incident date: _____ Time: _____

Reporting date: _____ Time: _____

Council/BSA location: _____

Reporting person: _____ Leader Parent Other: _____

Contact information: _____

Location of near miss: _____

Specific area where near miss occurred:

Cause of near miss: _____

Activity at time of near miss: _____

Program/event/adventure code: _____

Description of the near miss (detailed):

Did the near miss occur while transporting to/from an activity? Yes No

Potential severity: Catastrophic-I Critical-II Marginal-III Negligible-IV Unknown (See the back of this sheet for definitions.)

Lessons learned (what could be done to prevent future occurrences):

Witnesses (See the back of this sheet to enter.)

Return this completed form to your council's designated user for entry into RiskConsole via MyBSA Incident Entry.



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Near Miss Incident Information Report

(A near miss does not result in injury, illness, or damage by definition, but it had the potential to do so.)

Near miss incident date: _____ Time: _____

Reporting date: _____ Time: _____

Council/BSA location: _____

Reporting person: _____ Leader Parent Other: _____

Contact information: _____

Location of near miss: _____

Specific area where near miss occurred:

Cause of near miss: _____

Activity at time of near miss: _____

Program/event/adventure code: _____

Description of the near miss (detailed):

Did the near miss occur while transporting to/from an activity? Yes No

Potential severity: Catastrophic-I Critical-II Marginal-III Negligible-IV Unknown (See the back of this sheet for definitions.)

Lessons learned (what could be done to prevent future occurrences):

Witnesses (See the back of this sheet to enter.)

Return this completed form to your council's designated user for entry into RiskConsole via MyBSA Incident Entry.



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Incident Information Report

(Events or allegations of injury, illness, or property damage including employment and directors and officers issues)

Incident date: _____ Time: _____

Reporting date: _____ Time: _____

Council/BSA location: _____ Leader Parent Other: _____

Reporting person: _____

Location of incident: _____

Specific area where incident occurred:

Cause of incident:

Program/event/adventure code: _____

Did the incident occur while transporting to/from an activity? Yes No

Comments:

Individuals Involved (Duplicate if Needed)

Name: _____
First Middle Last

Address: _____
City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

DOB: _____ Age: _____ Unit No.: _____ Council: _____

Scouting role: _____

Type of injury or property damage: _____ Injured body part: _____

Was medical treatment given at scene? Yes No Type: _____

Medical disposition (transported to hospital, etc.): _____

Return this completed form to your council's designated user for entry into RiskConsole via MyBSA Incident Entry.



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Incident Information Report

(Events or allegations of injury, illness, or property damage including employment and directors and officers issues)

Witnesses

Name: _____
 First Middle Last

Address: _____
 City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Others

Name: _____
 First Middle Last

Address: _____
 City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Property Damage (if applicable)

Property or vehicle make/model/year: _____

Color: _____ License plate No.: _____

Driver Contact Information (if applicable)

Name: _____
 First Middle Last

Address: _____
 City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

Passengers: _____ Contact information: _____

Additional information:

Information gathered at scene by: _____

Contact information: _____

Return this completed form to your council's designated user for entry into RiskConsole via MyBSA Incident Entry.

Incident Information Report

(Events or allegations of injury, illness, or property damage including employment and directors and officers issues)

Incident date: _____ Time: _____

Reporting date: _____ Time: _____

Council/BSA location: _____ Leader Parent Other: _____

Reporting person: _____

Location of incident: _____

Specific area where incident occurred:

Cause of incident:

Program/event/adventure code: _____

Did the incident occur while transporting to/from an activity? Yes No

Comments:

Individuals Involved (Duplicate if Needed)

Name: _____
First Middle Last

Address: _____
City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

DOB: _____ Age: _____ Unit No.: _____ Council: _____

Scouting role: _____

Type of injury or property damage: _____ Injured body part: _____

Was medical treatment given at scene? Yes No Type: _____

Medical disposition (transported to hospital, etc.): _____

Return this completed form to your council's designated user for entry into RiskConsole via MyBSA Incident Entry.



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REQUEST FOR EXEMPTION FROM MEDICAL CARE AND TREATMENT

SOLICITUD DE EXENCIÓN DE ATENCIÓN MÉDICA Y TRATAMIENTO

I request the exemption from all medical treatment for me and/or my child en route to, from, and during the attendance to Camp _____, operated by the _____ Council, Boy Scouts of America. I understand that a medical evaluation and screening by a licensed health-care practitioner is necessary to reduce the possibility of exposing other camp participants to a communicable disease.

In consideration of these exemptions, I understand that I accept complete responsibility for the health of me and/or my child, and I hereby release and agree to hold harmless the Boy Scouts of America and any of its officers, agents, and representatives from any liability that might arise during Scouting activities by virtue of this exemption. It is further understood that, should an emergency arise, (name) _____, (telephone) _____, will be notified immediately. In the event that this contact cannot be located immediately, the Boy Scouts of America authorities may take such temporary measures as they deem necessary.

Solicito la exención de todo tratamiento médico para mí o mi hijo en camino a, desde, y durante la asistencia al campamento _____, operado por el concilio _____, Boy Scouts of America. Entiendo que una evaluación médica y el examen por parte de un profesional de la salud con licencia son necesarios para reducir la posibilidad de exponer a otros participantes del campamento a una enfermedad transmisible.

En consideración a estas exenciones, entiendo que acepto completa responsabilidad por mi salud o la de mi hijo y por medio de la presente libero y acuerdo eximir a la organización Boy Scouts of America y a cualquiera de sus funcionarios, agentes y representantes, de cualquier responsabilidad que pueda surgir durante las actividades Scouting en virtud de esta exención. Queda entendido asimismo que, si surge una emergencia, (nombre) _____, (teléfono) _____, será notificado inmediatamente. En caso de que este contacto no sea localizado inmediatamente, las autoridades de Boy Scouts of America podrán tomar las medidas temporales que consideren necesarias.

Participant signature
Firma del participante

Parent/guardian signature
Firma del padre/tutor

Date
Fecha

Name (print)
Nombre (con letra)

Address
Dirección

City, State, Zip
Ciudad, Estado, Código postal



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Event Summary Report

Event Name: _____

Event Date: _____

Location of Event: _____

District: _____

Number of Participants:

Youth: _____

Adults: _____

Total: _____

Number of Staff: _____

Total Number Attending: _____

Staff Adviser Approval: _____ Program Director Approval: _____

Administrative Fee: Total Attended X \$1.00 = \$ _____

Facility Fee: Total Attended X \$2.00 = \$ _____ (TRC Property Only)

Bookkeeping Approval: _____ (Return to Program Director)

(This form must be filled out and returned within a week of the Event)