



Medical Form Unit Verification Report



Event Location: _____ Date: _____

Unit Type: ☐ Pack ☐ Boy Troop ☐ Girl Troop ☐ Combined Troop ☐ Crew ☐ Ship Unit Number: _____

District: ☐ Metro North ☐ Metro South ☐ Metro West ☐ River Mountain ☐ Outreach ☐ Other: _____

Unit Leader Name: _____ Cell Number: _____

(Person Holding Medical Forms during event)

☐ I have received medical forms for all persons in my unit that are attending this event and are listed below, and I understand it is my responsibility to keep these forms in my possession while attending this event.

	First Name	Last Name	Adult	Youth	Form Received (Y/N)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

COUNCIL VERIFICATION

Verified by Council Rep Name: _____

Council Rep Signature: _____ Date: _____

of Pages:

_____ of _____

Revised: 10/10/24