Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization
I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

! **NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.** !

List participant restrictions, if any: ☐ **None**

_____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:
You must designate at least one adult. Please include a telephone number.

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____

! **Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.** !

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
☐	☐	Diabetes	**Last HbA1c percentage and date**:
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
☐	☐	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
☐	☐	Stroke/TIA	
☐	☐	Asthma	**Last attack date**:
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Behavioral/neurological disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures	**Last seizure date**:
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Excessive fatigue	
☐	☐	Obstructive sleep apnea/sleep disorders	**CPAP: Yes** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date**:
☐	☐	List any other medical conditions not covered above	

Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
☐	☐	Medication		☐	☐	Plants	
☐	☐	Food		☐	☐	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ **CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.**

☐ **IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.**

Medication	Dose	Frequency	Reason

☐ **YES** ☐ **NO** **Non-prescription medication administration is authorized with these exceptions:** _____

Administration of the above medications is approved for youth by:

_____ / _____

Parent/guardian signature **MD/DO, NP, or PA signature (if your state requires signature)**

! **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.** **!**

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
☐	☐	☐	Tetanus	
☐	☐	☐	Pertussis	
☐	☐	☐	Diphtheria	
☐	☐	☐	Measles/mumps/rubella	
☐	☐	☐	Polio	
☐	☐	☐	Chicken Pox	
☐	☐	☐	Hepatitis A	
☐	☐	☐	Hepatitis B	
☐	☐	☐	Meningitis	
☐	☐	☐	Influenza	
☐	☐	☐	Other (i.e., HIB)	
☐	☐	☐	Exemption to immunizations (**form required**)	

Please list any additional information about your medical history:

_____

_____

_____

_____

DO NOT WRITE IN THIS BOX
Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.

Examiner: Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	☐	☐	

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
☐	☐	Medication		☐	☐	Plants	
☐	☐	Food		☐	☐	Insect bites/stings	

Height (inches):_____ **Weight (lbs.):**_____ **BMI:**_____ **Blood Pressure:**_____/_____ **Pulse:**_____

	Normal	Abnormal	Explain Abnormalities
Eyes	☐	☐	
Ears/nose/throat	☐	☐	
Lungs	☐	☐	
Heart	☐	☐	
Abdomen	☐	☐	
Genitalia/hernia	☐	☐	
Musculoskeletal	☐	☐	
Neurological	☐	☐	
Other	☐	☐	

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
☐	☐	Meets height/weight requirements.
☐	☐	Does not have uncontrolled heart disease, asthma, or hypertension.
☐	☐	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
☐	☐	Has no uncontrolled psychiatric disorders.
☐	☐	Has had no seizures in the last year.
☐	☐	Does not have poorly controlled diabetes.
☐	☐	If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
☐	☐	**For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.**

Examiner's Signature: _____ **Date:** _____

Provider printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions
If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295

High-Adventure Risk Advisory to Health-Care Providers and Parents

Philmont Scout Ranch

Phone: 575-376-2281 **Website: www.philmontscoutranch.org**

Philmont Scout Ranch Experience. The Philmont experience is not risk-free. Staff will instruct participants in safety measures. Be prepared to listen to and follow these measures. Accept responsibility for the health and safety of yourself and others. Each participant must be able to carry 25 to 35 percent of their body weight while hiking 5 to 12 miles per day in an isolated mountain wilderness ranging from 6,500 to 12,500 feet in elevation over trails that are steep and rocky. Summer/autumn climate includes temperatures from 30 to 100 degrees, low humidity (10 to 30 percent), and frequent, sometimes severe, thunderstorms. Winter climatic conditions can range from –20 to 60 degrees. During a Winter Adventure experience, each person will walk, ski, or snowshoe along snow-covered trails pulling loaded toboggans or sleds for up to 3 miles—or even more on a cross-country ski trek.

Risk Advisory. Philmont has an excellent health and safety record and strives to minimize risks to participants by emphasizing appropriate safety precautions. Because most participants are prepared, are conscious of risks, and take safety precautions, they do not experience injuries. If you decide to attend Philmont, you should be physically fit, have proper clothing and equipment, be willing to follow instructions, work as a team with your crew, and take responsibility for your own health and safety.

Philmont staff members are trained in first aid, CPR, and accident prevention. They can assist the adult advisor in recognizing, reacting to, and responding to accidents, injuries, and illnesses. Each crew is required to have at least two members trained in wilderness first aid and CPR. Response times can be affected by location, terrain, weather, or other emergencies and could be delayed for hours or even days in a wilderness setting.

All Philmont participants should understand potential health risks inherent at or above 6,700 feet in elevation in a dry Southwest environment. High elevation; a physically demanding high-adventure program in remote mountainous areas; camping while being exposed to occasional severe weather conditions such as lightning, hail, flash floods, and heat; and other potential problems, including injuries from tripping and falling, falls from horses, heat exhaustion, and motor vehicle accidents, can worsen underlying medical conditions. Native wild animals such as bears, rattlesnakes, and mountain lions usually present little danger if proper precautions are taken.

Guests attending Philmont Training Center conferences and family programs who are unfamiliar with the backcountry should review the supplemental information available on the Philmont website, especially information about activities that may be new to them.

Please call Philmont at 575-376-2281 if you have any questions. All participants and guests should review all materials and websites related to the experiences they are planning to have at Philmont Scout Ranch.

Food. If the diet described in the participant guide does not meet the participant's special dietary needs, contact Philmont directly. Visit the Philmont Scout Ranch website for sample menus and more information.

Medication. Each participant who needs medication must bring enough medicine for the duration of the trip. Consider bringing two or three supplies of vital medication. People with allergies that have resulted in severe reactions or anaphylaxis must bring an EpiPen that has not expired.

Immunizations. Each participant must have received a tetanus immunization within the last 10 years. Recognition will be given to the rights of those Scouts and Scouters who do not have immunizations because of philosophical, political, or religious beliefs. In such a situation, the Immunization Exemption Request form is required; it is located on the Philmont website.

High Blood Pressure. Upon arrival at Philmont, all adult participants will have their blood pressure checked. Participants should have a blood pressure less than 140/90. People with hypertension (greater than 140/90) should be treated and controlled before attending Philmont, and should continue on medications while participating. The goal of treatment should be to lower the blood pressure to normal levels. Those individuals with a blood pressure consistently greater than 160/100 at Philmont may be kept off the trail until their blood pressure decreases.

Seizures (Epilepsy). The seizure disorder must be well-controlled by medication. A well-controlled disorder is one in which a year has passed without a seizure. Exceptions to this guideline may be considered on an individual basis, and will be based on the specific type of seizure and likely risks to the individual/other members of the crew.

Diabetes Mellitus. Both the person with diabetes and one other person in the group need to be able to recognize signs of excessively high or low blood sugar. An insulin-dependent person who was diagnosed or who has had a change in delivery system (e.g., insulin pump) in the last six months is advised not to participate. A person with diabetes who has had frequent hospitalizations or who has had problems with low blood sugar should not participate until better control of the diabetes has been achieved. If an individual has been hospitalized for diabetes-related illnesses within the past year, the individual must obtain permission to participate by contacting the **Philmont Health Lodge at 575-376-2281**.

Asthma. Asthma must be well-controlled before participating at Philmont. This means: **1)** the use of a rescue inhaler (e.g., albuterol) less than once daily; **2)** no need for a rescue inhaler at night. Well-controlled asthma may include the use of long-acting bronchodilators, inhaled steroids, or oral medications such as Singulair. You may not be allowed to participate if: **1)** you have asthma not controlled by medication; or **2)** you have been hospitalized/gone to the emergency room to treat asthma in the past six months; or **3)** you have needed treatment by oral steroids (prednisone) in the past six months. You must bring an ample supply of your medication and a spare rescue inhaler that are not expired. At least one other member of the crew should know how to use the rescue inhaler. Any person who has needed treatment for asthma in the past three years must carry a rescue inhaler on the trek. If you do not bring a rescue inhaler, you must buy one before you will be allowed to participate.

High-Adventure Risk Advisory to Health-Care Providers and Parents

Philmont Scout Ranch

Phone: 575-376-2281 **Website: www.philmontscoutranch.org**

Recommendations for Chronic Illnesses.

Adults or youth with any of the following conditions should undergo an evaluation by a physician before considering participation at Philmont.

1. Chest pain, myocardial infarction (heart attack) or family history of heart disease in any person before age 50
2. Heart surgery, including angioplasty (balloon dilation), to treat blocked blood vessels or place stents
3. Stroke or transient ischemic attacks (TIAs)
4. High blood pressure
5. Claudication (leg pain with exercise, caused by hardening of the arteries)
6. Diabetes
7. Smoking or excessive weight

The physical exertion at Philmont may precipitate either a heart attack or stroke in susceptible people. Participants with a history of any of the seven conditions listed above should have a physician-supervised stress test. Even if the stress test results are normal, the results of testing are done at lower elevations, without backpacks, and do not guarantee safety. If the test results are abnormal, the individual is advised not to participate.

Allergy or Anaphylaxis.

People who have had an anaphylactic reaction from any cause must contact Philmont before arrival. If you are allowed to participate, you will be required to have appropriate treatment with you. You and at least one other member of your crew must know how to give the treatment. If you do not bring appropriate treatment with you, you will be required to buy it before you will be allowed to participate.

Recent Musculoskeletal Injuries and Orthopedic Surgery.

Participants will put a great deal of strain on their joints. Individuals who have significant musculoskeletal problems (including back problems) or orthopedic surgery/injuries within the last six months must have a letter of clearance from their treating physician to be considered for approval, and Philmont should be contacted in advance of participation. Permission is not guaranteed. Ingrown toenails are a common problem and must be treated 30 days prior to arrival.

Psychological and Emotional Difficulties.

Parents and advisors should be aware that no high-adventure experience is designed to assist participants in overcoming psychological or emotional problems. Experience demonstrates that these problems frequently become worse, when a participant is under the stress of the physical and mental challenges of a remote wilderness setting. Medication must never be stopped prior to participation and should be continued throughout the entire Philmont experience.

Weight Limits.

Weight limit guidelines (see Part C) are used because overweight individuals are at a greater risk for heart disease, high blood pressure, stroke, altitude illness, sleep problems, and injury. These guidelines are for all Scouting high-adventure activities. Each participant's weight must be less than the maximum acceptable limit in the weight chart. Participants 21 years and older who exceed the maximum acceptable weight limit for their height at the Philmont medical recheck WILL NOT be permitted to backpack or hike at Philmont. They will be sent home. For participants under 21 years of age who exceed the maximum acceptable weight for height, the Philmont staff will use their judgment to determine if the youth can participate. Philmont will consider up to 20 pounds over the maximum acceptable; however, exceptions are not made automatically and discussion with Philmont in advance is required for any exception. **Philmont's telephone number is 575-376-2281.** Due to rescue equipment restrictions and evacuation efforts from remote sites, under no circumstances will any individual weighing more than 295 pounds be permitted to participate in backcountry programs.

Philmont Approval.

Staff and/or staff physicians reserve the right to deny the participation of any individual on the basis of a physical examination and/or medical history. Each participant is subject to a medical recheck at Philmont.