Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

Date of birth: _____

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.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ **Checking this box indicates you DO NOT want your child to use a BB device.**

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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____ Name: _____

Phone: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Name: _____

Phone: _____ Phone: _____

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Part B1: General Information/Health History

B1

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Height (inches): _____ Weight (lbs.): _____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

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:** **Insulin pump: Yes** ☐ **No** ☐
☐	☐	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/reactive airway disease	**Last attack date:**
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion/TBI	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Neurological/behavioral disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures or epilepsy	**Last seizure date:**
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Skin issues	
☐	☐	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 B2: General Information/Health History

B2

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR (e.g. EpiPen)? ☐ YES ☐ NO **Exp. date (if yes)** _____

DO YOU USE AN ASTHMA RESCUE INHALER? ☐ YES ☐ NO **Exp. date (if yes)** _____

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

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	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 list 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.

Immunizations

The following immunizations are recommended. 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.

Y	N	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: _____

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Part C: Pre-Participation Physical

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

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

You are being asked to certify that this individual has no contraindication for participation in 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. You can also visit scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	☐	☐	

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	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	☐	☐	
Skin issues	☐	☐	
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. (See table below.)
☐	☐	Has no uncontrolled heart disease, lung disease, 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 planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ **Date:** _____

Examiner's 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; however, by taking responsibility for one's own health and safety, and cooperating with staff, it's expected that most participants will have an enjoyable, safe Philmont experience.

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.

Risk Advisory.

Participants at Philmont 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. Each crew is required to have at least two members trained in wilderness first aid and CPR.

All staff members are trained in first aid and CPR. They can assist participants in recognizing and responding to accidents, injuries, and illnesses. **However, response times are affected by location, terrain, weather, or other emergencies and could be delayed for hours or even days in a wilderness setting.**

Summer/autumn climate can include temperatures from 30 to 100 degrees, low humidity (10% to 30%), and frequent, sometimes severe, thunderstorms. For summer treks

- Each participant must be able to carry 25% to 35% of their own body weight.
- Each participant must be able to hike 5 to 12 miles per day in a mountain wilderness.
- Elevations range from 6,500 to 12,500 feet over trails that are steep and rocky.

Dependent upon the Autumn Adventure itinerary, similar expectations are in effect.

During a Winter Adventure experience

- Each participant will walk, ski, or snowshoe along snow-covered trails pulling loaded toboggans or sleds for up to 3 miles (or more on a cross-country ski trek).
- Winter climatic conditions can range from –20 to 60 degrees.

Food.

If the diet described in the Guidebook to Adventure does not meet the participant's special dietary needs, contact Philmont directly. Visit the backcountry dining page for sample menus and more information.

Immunizations.

Each participant must have received a tetanus immunization within the last 10 years. Immunization against contagious diseases is strongly recommended (including MMR, varicella, hepatitis A and B, and meningococcal disease). Participants who do not have immunizations because of medical issues or personal religious beliefs in accordance with New Mexico state law must complete a Philmont Immunization Exemption Request form.

Allergy or Anaphylaxis.

People who have had an anaphylactic reaction from any cause will be required to have appropriate treatment (i.e., at least one unexpired epinephrine auto-injector) in sufficient quantity to last the entire trip. All members of the crew should know how to administer the auto-injector. If you do not bring an epinephrine auto-injector with you, you will be required to purchase one before you will be allowed to participate.

Medication.

Each participant who needs medication must bring enough medicine for the duration of the trip. **Be aware that altitude/heat/exertion, etc., can affect a medication's efficacy. It is not uncommon for participants to use more medication (particularly insulin and albuterol) than anticipated due to unfamiliar conditions faced on the trail.**

Seizures (Epilepsy).

The seizure disorder must be well-controlled by medication. **A well-controlled disorder is one in which 12 months have passed without a seizure.** Individuals with seizure conditions should familiarize others with signs and symptoms in the event that a seizure occurs in the backcountry.

High Blood Pressure.

Upon arrival at Philmont, all adult participants may have their blood pressure checked. People diagnosed with hypertension should have controlled blood pressure before attending Philmont and should continue their medications to keep the blood pressure at or near normal levels. Those individuals with a blood pressure consistently greater than 160/95 at Philmont may be kept off the trail.

Diabetes Mellitus.

Participants with diabetes can have a successful Philmont experience by good planning prior to their trek. Both the person with diabetes and others in their crew or group need to be able to recognize signs of excessively high or low blood sugar. **An insulin-dependent person who was diagnosed or had a change in delivery system (e.g., insulin pump) or dosage in the last six months is advised to consult with their physician before participating.**

Asthma.

Asthma must be well-controlled before participating at Philmont. Well-controlled asthma is defined as:

- The use of a rescue inhaler (albuterol) **fewer than two times per week** (except use for the prevention of exercise-induced asthma); awakened by asthma symptoms less than two times per month.
- 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:

- You have asthma not controlled by medication; or
- You have been hospitalized/gone to the emergency room to treat asthma in the **past six months**; or
- You required treatment by oral steroids (prednisone) in the past six months.

All members of the crew should know how to assist in administering the rescue inhaler and where the inhaler is located. **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 purchase 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 Those With Cardiovascular Disease.

The physical activity at Philmont may trigger a heart attack or stroke in people at risk. This includes people with heart disease or with family history of heart disease. A history of any of the following puts people at increased risk for a heart attack or stroke:

- Chest pain or heart attack
- Heart surgery, including angioplasty stent placement
- Stroke or transient ischemic attacks (TIAs)
- High blood pressure
- Claudication (leg pain that happens with exercise)
- Diabetes
- Smoking
- Excessive weight

A thorough evaluation is recommended, and clearance from the treating physician is required.

Recent Musculoskeletal Injuries and Orthopedic Surgery.

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.

Psychological and Emotional Conditions.

Parents and advisors should be aware that the Philmont experience is not designed to assist participants in overcoming psychological or emotional conditions. These conditions frequently become worse with the stress of physical and mental challenges in a remote wilderness setting. **Medication for ADHD, anxiety, depression, or other psychological conditions must never be stopped prior to participation and should be continued throughout the entire Philmont experience.**

Weight Limits.

Adults 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. Participants under 18 years of age who exceed the maximum acceptable weight for height will be evaluated on a case-by-case basis to determine if the youth can participate. Exceptions are not made automatically and discussion with Philmont in advance is required. Individuals weighing more than 295 pounds will not be permitted to participate in backcountry programs due to rescue equipment and safe evacuation protocol restrictions.

The weight limit for any individual participating in a horseback riding program is 200 pounds. This is enforced for the safety of both the rider and the horse. Additionally, Cavalcade participants must be able to mount from the ground without assistance. Final discretion on all horseback riders rests with the Philmont staff.

Maximum weight for height:

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

Philmont Approval.

Staff and/or staff physicians reserve the right to deny the participation of any individual based on a physical examination and/or medical history.

Each participant is subject to a medical recheck at Philmont. **Participants with chronic conditions including (but not limited to) asthma, diabetes, and epilepsy should consult specifically with their physicians regarding any potential changes to their medical routines or health conditions that might stem from activity in a wilderness environment.**

Other Common Conditions.

While not strictly disqualifying, certain health conditions can impact a participant's Philmont experience. For more information, contact Philmont or see the website for more information on conditions such as:

- Autism
- Sleep apnea