

BSA Medical Forms Wilderness First Aid Requirements

NCAC HAC Training Session I

November 12, 2017

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BSA Medical Forms

- **Must use Current (2014) Edition**
 - for Philmont High Adventure Base
 - <http://www.scouting.org/scoutsorce/HealthandSafety/ahmr.aspx>
- **4 Parts:**
 - A (Consent, 1 pg)
 - B (Health History, 2 pg)
 - C (Physical Exam, 1 pg)
 - Risk Advisory (2 pg, give to examiner)



Annual Health and Medical Record

Personal Health and the Annual Health and Medical Record



Find the current Annual Health and Medical Record by using this QR code or by visiting <http://www.scouting.org/HealthandSafety/ahmr.aspx>.

The Scouting adventure, camping trips, high-adventure excursions, and having fun are important to everyone in Scouting—and so are your safety and well-being. Completing the Annual Health and Medical Record is the first step in making sure you have a great Scouting experience. **So what do you need?**

All Scouting Events. All participants in all Scouting activities complete Part A and Part B. Give the completed forms to your unit leader. This applies to all activities, day camps, local tours, and weekend camping trips less than 72 hours. Update at least annually.

Part A is an informed consent, release agreement, and authorization that needs to be signed by every participant (or a parent and/or legal guardian for all youth under 18).

Part B is general information and a health history.

Going to Camp? A pre-participation physical is needed for resident, tour, or trek camps or for a Scouting event of more than 72 hours, such as Wood Badge and NYLT. The exam needs to be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician assistant. If your camp has provided you with any supplemental risk information, or if your plans include attending one of the four national high-adventure bases, share the venue's risk advisory with your medical provider when you are having your physical exam.

Part C is your pre-participation physical certification.

Planning a High-Adventure Trip? Each of the four national high-adventure bases has provided a supplemental risk advisory that explains in greater detail some of the risks inherent in that program. All high-adventure participants **must** read and share this information with their medical providers during their pre-participation physicals. Additional information regarding high-adventure activities may be obtained directly from the venue or your local council.

Prescription Medication. Taking prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the BSA does not mandate or necessarily encourage the leader to do so. Standards and policies regarding administration of medication may be in place at BSA camps. If state laws are more limiting than camp policies, they must be followed. The AHMR also allows for a parent or guardian to authorize the administration of nonprescription medication to a youth by a camp health officer or unit leader, including any noted exceptions.

Information and FAQs

Risk Factors. Scouting activities can be physically and mentally demanding. Listed below are some of the risk factors that have been known to become issues during outdoor adventures.

- Excessive body weight (obesity)
- Cardiac or cardiovascular disease
- Hypertension (high blood pressure)
- Diabetes mellitus
- Seizures
- Asthma
- Sleep apnea
- Allergies or anaphylaxis
- Musculoskeletal injuries
- Psychological and emotional difficulties



More in-depth information about risk factors can be found by using this QR code or by visiting http://www.scouting.org/HealthandSafety/risk_factors.aspx.

Questions?

Q. Why does the BSA require all participants to have an Annual Health and Medical Record?

A. The AHMR serves many purposes. Completing a health history promotes health awareness, collects necessary data, and provides medical professionals critical information needed to treat a patient in the event of an illness or injury. It also provides emergency contact information.

Poor health and/or lack of awareness of risk factors have led to disabling injuries, illnesses, and even fatalities. Because we care about our participants' health and safety, the Boy Scouts of America has produced and required the use of standardized health and medical information since at least the 1930s.

The medical record is used to prepare for high-adventure activities and increased physical activity. In some cases, it is used to review participants' readiness for gatherings like the national Scout jamboree and other specialized activities.

Because many states regulate the camping industry, this Annual Health and Medical Record also serves as a tool that enables councils to operate day and resident camps and adhere to state and BSA requirements. The Boy Scouts of America Annual Health and Medical Record provides a standardized mechanism that can be used by members in all 50 states.



For answers to more questions, use this QR code or visit the FAQ page at www.scouting.org/HealthandSafety/Resources/MedicalFormFAQs.aspx.

Download a free QR reader for your smartphone at scam.mobi.

Part A: Informed Consent, Release Agreement, and Authorization

A

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., are, 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 ISA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

I understand that, if any information I've 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 Institute (Sweden), 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: _____

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/videos/audio/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/videos/audio/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



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Part B: General Information/Health History

B

Full name: _____

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

DOB: _____

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



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Part B: General Information/Health History

B

Full name: _____

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

DOB: _____

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 |
|--------------------------|--------------------------|------------------------|---------|--------------------------|--------------------------|------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Medication | | <input type="checkbox"/> | <input type="checkbox"/> | Plants | |
| <input type="checkbox"/> | <input type="checkbox"/> | Food | | <input type="checkbox"/> | <input type="checkbox"/> | 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) | Please list any additional information about your medical history: |
|--------------------------|--------------------------|--------------------------|--|---------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tetanus | | <div style="border: 1px solid black; padding: 5px; min-height: 100px;">DO NOT WRITE IN THIS BOX Review for camp or special activity: Reviewed by: _____ Date: _____ Further approval required: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____ Approval by: _____ Date: _____</div> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pertussis | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diphtheria | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Measles/mumps/rubella | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Polio | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chicken Pox | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis A | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hepatitis B | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Meningitis | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Influenza | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (e.g., HIV) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exemption to immunizations (form required) | | |



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Part C: Pre-Participation Physical

C

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

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

DOB: _____

! 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 | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Yes | No | Allergies or Reactions | | Explain | |
| <input type="checkbox"/> | <input type="checkbox"/> | Medication | | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | Food | | <input type="checkbox"/> | <input type="checkbox"/> |
| Height (inches): | | Weight (lbs.): | | BMI: | Blood Pressure: / |
| | | | | | Pulse: |

| | Normal | Abnormal | Explain Abnormalities |
|------------------|--------------------------|--------------------------|-----------------------|
| Eyes | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ears/nose/throat | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lungs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Heart | <input type="checkbox"/> | <input type="checkbox"/> | |
| Abdomen | <input type="checkbox"/> | <input type="checkbox"/> | |
| Genitalia/hernia | <input type="checkbox"/> | <input type="checkbox"/> | |
| Musculoskeletal | <input type="checkbox"/> | <input type="checkbox"/> | |
| Neurological | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | |

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 |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Meets height/weight requirements. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does not have uncontrolled heart disease, asthma, or hypertension. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has no uncontrolled psychiatric disorders. |
| <input type="checkbox"/> | <input type="checkbox"/> | Has had no seizures in the last year. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does not have poorly controlled diabetes. |
| <input type="checkbox"/> | <input type="checkbox"/> | If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 | 196 | 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 |



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

Phone: 575-376-2281 Website: www.philmontscout ranch.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.

Philmont Scout Ranch

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.



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

Phone: 575-376-2281 Website: www.philmontscout ranch.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.

Philmont Scout Ranch

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 check 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 check at Philmont.



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Wilderness First Aid (WFA) Requirements

- **16-hour BSA approved course (ARC, WMS)**
 - Usually run over a weekend
 - NCAC HAC endorsed providers
- **Current CPR certification required**
 - Often run in conjunction with WFA course (Fri or Sat night)
 - Separate fee
- **PHILMONT requires TWO (2) crew members**
 - Consider one adult and one Scout
- **Plenty of courses offered**
 - Do NOT wait until June...!



WFA Courses

2017 NCAC HAC Wilderness First Aid courses!

Here are NCAC HAC-endorsed Wilderness First Aid classes for the upcoming year:

Center for Wilderness Safety (CWS) – Cliff Castleman www.wildsafe.com (888) 945-3402 ext. 0 or (703) 444-9468
CPR/AED (req'd for certification) is available the Friday evening before for \$75 (good for 2 years).

| 2017 | Location / Sponsor | Tuition |
|-----------|---|---------|
| Nov 04-05 | Haymarket, VA (Camp Snyder) | \$199 |
| Nov 11-12 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| Dec 09-10 | Haymarket, VA (Camp Snyder) | \$199 |
| Dec 16-17 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| Dec 28-29 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| 2018 | Location / Sponsor | Tuition |
| Jan 06-07 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| Jan 20-21 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| Jan 27-28 | Fort Valley, VA (Ft. Washington) | \$185 |
| Jan 27-28 | Haymarket, VA (Troop 1882) | \$199 |
| Feb 03-04 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| Feb 10-11 | Poolesville, MD (Poolesville Town Hall) | \$199 |
| Feb 17-18 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| Mar 03-04 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| Mar 17-18 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| Mar 17-18 | Hagerstown, MD (Mt. Aetna Retreat) | \$199 |
| Mar 24-25 | Fort Valley, VA (Ft. Washington) | \$185 |
| Apr 14-15 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| Apr 14-15 | Hagerstown, MD (Mt. Aetna Retreat) | \$199 |
| Apr 21-22 | Fort Valley, VA (Ft. Washington) | \$185 |
| Apr 28-29 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| May 05-06 | Poolesville, MD (Poolesville Town Hall) | \$199 |
| May 12-13 | Hagerstown, MD (Mt. Aetna Retreat) | \$199 |
| May 12-13 | Fort Valley, VA (Ft. Washington) | \$185 |
| May 19-20 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| Jun 02-03 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| Jun 09-10 | Poolesville, MD (Poolesville Town Hall) | \$199 |
| Jun 16-17 | Herndon, VA (Hunter's Creek Lodge) | \$185 |
| Jul 14-15 | Herndon, VA (Hunter's Creek Lodge) | \$185 |

Emergency Response Training (ERT) – Saleena DeVore www.onthetrailfirstaid.com, (410) 456-6861
CPR (req'd for certification) is available Saturday evening for \$25 (good for 2 years).

| 2017 | Location | Tuition |
|-------------|---------------|---------|
| Oct 21-22 | Frederick, MD | \$180 |
| Dec 02-03 | Frederick, MD | \$180 |
| 2018 | Location | Tuition |
| Feb 24-25 | Frederick, MD | \$180 |
| Mar 17-18 | Frederick, MD | \$180 |
| April 07-08 | Frederick, MD | \$180 |
| May 19-20 | Frederick, MD | \$180 |

BSA Venturing Crew 80 – periodically offers Wilderness and other First Aid classes at reduced rates.
Contact Michael Martin, Associate Adviser, at CPBAEDFAWRFA@comcast.net. Classes are held at Westminster Presbyterian Church, 2701 Cameron Mills Rd, Alexandria, VA 22302

STUDENTS SHOULD COMPLETE REGISTRATION ON THE VENDORS WEBSITE (NO registration thru NCAC).
For more info, contact John Blackwell, john.blackwell@goosecreekdistrict.org, 301-346-0551 (c)



Additional Information

- BSA: www.myscouting.org
- Philmont: www.philmontscoutranch.org
- NCAC: www.ncacbsa.org
- Center for Wilderness Safety:
www.wildsafe.com
- Emergency Response Training:
www.onthetrailfirstaid.com

