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

Summit Bechtel Reserve

Email: summithealthlodge@scouting.org **Website:** summitbsa.org

The Summit Bechtel Family National Scout Reserve requires that the following supplemental information be shared with the Scouts, parents or guardians, and examining health-care providers of every participant. Guests who do not meet these guidelines will not be able to participate in Summit Program. Guests must seek specific clearance PRIOR to arriving at the Summit if they do not meet these guidelines or risk being sent home at their own expense.

The Summit. Activities at the Summit require a certain level of fitness; some can be very physically, mentally, and emotionally demanding. The programs can include mountain biking, BMX biking, skateboarding, rock climbing, zip lines, challenge courses, range and target activities (i.e. shooting sports), whitewater rafting, and more. Depending on the program(s) you select, you will need to arrive at the Summit physically prepared to participate in those activities. The average walk is 5 to 7 miles each day on uneven terrain with significant changes in elevation. The heat index often reaches almost 100 degrees in the summer. **Be prepared!**

It is recommended that each participant review information about the Summit Bechtel Reserve at summitbsa.org and learn about the program activities that have been selected for participation. Answers to many frequently asked questions can be found at the Summit website. Additional program-related questions can be emailed to summit.program@scouting.org, or you can call 304-465-2800.

Safety at the Summit. The culture of safety at the Summit is strong, and the most important step in ensuring the safe participation of Scouts and Scouters is medical preclearance for activities. The Summit Bechtel Reserve requires a Scouting America Annual Health and Medical Record (AHMR) Parts A, B1, B2, and C to be fully completed and submitted to participate in any activity at the Summit. The following sections discuss the limitations that exist and requirements to be met for you to attend the Summit Bechtel Reserve for ANY PROGRAM. The Summit reserves the right to deny participation of any individual on the basis of medical history and/or a physical examination. Questions should be addressed to the Summit Health Lodge PRIOR to arrival at summithealthlodge@scouting.org.

Allergy or Anaphylaxis. Scouts who have had an anaphylactic reaction due to any cause should contact the Summit Bechtel Reserve at least two weeks before arrival. Scouts will be required to have an **unexpired** epinephrine autoinjector with them at all times. If you do not bring an epinephrine autoinjector with you, you will be required to purchase it from a local pharmacy prior to being authorized to participate. Scouts and their parents or guardians cannot choose to not bring an autoinjector — if it's listed on their AHMR, it must be brought to the Summit. Summit Health Lodge staff will verify the Scout is in possession of the medication, that it is **not expired,** and that the Scout and one leader of the crew know how to administer it.

Asthma. Asthma must be well controlled before participating. This means: 1) the use of a rescue inhaler (albuterol) fewer than two times a week (except when used for the prevention of exercise-induced asthma) and 2) nighttime awakenings for asthma symptoms fewer than two times a 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: 1) you have asthma not controlled by medication, 2) you have been hospitalized or treated in an emergency room due to asthma in the past six months, or 3) you have needed treatment by oral steroids (prednisone) in the past six months. People with asthma *MUST* bring an ample supply of their daily medication including a rescue inhaler that is not expired. If you do not bring an inhaler with you, you will be required to purchase one from a local pharmacy prior to being authorized to participate. Summit Health Lodge staff will verify the Scout is in possession of the medication, that it is not expired, and that the Scout and one leader of the crew know how to administer it.

Immunizations. Each participant must have received a tetanus immunization within the last 10 years. Recognition will be given to Scouts who do not have a specific immunization because of philosophical, political, or religious beliefs. In such a situation, the *Immunization Exemption Request* form should be obtained here: filestore.scouting.org/filestore/pdf/680-451.pdf. The completed form should be attached to the AHMR; it does not need to be submitted early for review.

Seizure Disorder. A seizure disorder or epilepsy does not exclude an individual from participation; however, the disorder must be well controlled with medication. A well-controlled disorder is one in which one year has passed without a seizure. Exceptions to this guideline may be considered on an individual basis. Any person with a history of a seizure, regardless of the cause, must contact the Summit Health Lodge at summithealthlodge@scouting.org at least two weeks PRIOR to arriving at camp to discuss the case. Additional neurologic clearance might be requested from the Summit Medical Director when evaluating the request for an exemption.

Recent Musculoskeletal Injuries or Orthopedic Surgery. Participants at the Summit will put a great deal of strain on their joints and skeletal structure. Individuals with chronic musculoskeletal problems (including back problems) should consider if participation in Summit activities is advisable for them. All guests with a recent orthopedic injury (i.e. sprain, fracture, recent splint/cast) or orthopedic surgery within the last six months must submit a letter of medical clearance from their treating physician to the Summit to be considered for approval. Individuals needing clearance shall contact the Summit Health Lodge at summithealthlodge@scouting.org for additional direction at least two weeks PRIOR to arriving at camp to discuss the case. It is recommended to discuss the situation with the Summit prior to obtaining a clearance letter from your orthopedist, as specific information will be requested from the treating physician that will need to be included in the provided clearance.

Psychological and Emotional Health Considerations. The presence of a mental health diagnosis alone will not preclude participation in activities at the Summit. Medications for these issues must never be stopped prior to or during participation at the Summit. Due to the potentially demanding nature of the experience, some guests might find their symptoms worsened by the stressors involved. Participants with a history of mental health hospitalization — especially related to suicidal thoughts or attempts — are strongly encouraged to contact the Summit Health Lodge at summithealthlodge@scouting.org at least two weeks prior to arrival. This allows for a confidential discussion to help determine whether participation is in the Scout or Scouter's best interest.

Diabetes. The diagnosis of diabetes does not automatically exclude a guest from participating at the Summit. An insulin-dependent person who has been newly diagnosed within the last year or who has undergone a change in their delivery system in the last six months must have a letter from their treating physician indicating their ability to participate and what, if any, restrictions apply. A recent HbA1c within the last six months is required for all guests with diabetes. In addition to the individual with diabetes, there must be one other adult leader who is familiar with the symptoms of diabetic emergencies to assist in providing aid if needed. Questions can be directed to the Summit Health Lodge at summithealthlodge@scouting.org at least two weeks PRIOR to arrival.

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

Summit Bechtel Reserve

Email: summithealthlodge@scouting.org **Website:** summitbsa.org

Hypertension (High Blood Pressure).

High blood pressure (BP) must be well controlled with medication. Medication should be continued as prescribed while participating at the Summit. Individuals must have a blood pressure of less than 140/90 to participate. Summit Health Lodge Staff will verify that the documented BP on Part C of the AHMR aligns with this guideline and may obtain a BP during the medical recheck process upon arriving at the Summit.

Medication.

Each participant who needs medication must bring enough medicine for the duration of the trip, and that medicine must not have expired. 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 responsibility for ensuring a youth takes necessary medication in accordance with the appropriate schedule. Medications should be secured in locked storage, according to National Camp Accreditation Program Standard HS-508, except for medications carried by the individual for emergent conditions (inhalers, EpiPens, etc.). Summit-supplied medications shall be administered and/or dispensed in accordance with preapproved medical procedures. A refrigerator is available for medications requiring cold storage. If your medication is considered a controlled substance, please declare to Health Lodge staff at check-in. These medications must be locked at all times according to local laws and regulations. Please reach out to the Summit Health Lodge at summithealthlodge@scouting.org at least two weeks PRIOR to arrival if you require special storage for your medications.

Other Medical Considerations.

Adults or youth with any of the following conditions should undergo an evaluation by a physician before considering participation at the Summit. It is recommended that you contact the Summit Health Lodge at least two weeks PRIOR to arrival for additional guidance as additional clearance, including copies of test results and/or additional clearance letters from your treating physician, will be required.

1. Chest pain requiring emergency department or cardiology evaluation within six months of arrival at the Summit
2. Myocardial infarction (heart attack) at any time
3. Cardiac stent placement or angioplasty (balloon dilation) to treat blocked blood vessels within the last year
4. Family history of heart disease or sudden death in any person before age 50
5. Congestive heart failure
6. Any heart surgery, including but not limited to coronary artery bypass grafting, valve replacement, ASD or VSD repairs
7. Stroke, transient ischemic attacks (TIAs), ruptured aneurysm, or subarachnoid hemorrhage
8. Claudication (leg pain with exercise, caused by hardening of the arteries)
9. Uncontrolled diabetes (defined as an A1C above 9)

Physical exertion at the Summit could precipitate either a heart attack or a stroke in someone who is susceptible. Individuals with a history of any of the conditions listed above should consult their physician to see whether participating in vigorous activities like those at the Summit could exacerbate their condition.

Smoking.

Smoking is not permitted during Scouting America activities and poses serious health risks. Current smokers are encouraged to attempt to quit smoking prior to arriving at the Summit. Smokers should discuss with their physician if the physical conditions that are present at the Summit are appropriate and safe for a current smoker, as your risk is increased while participating in these activities. If you are a smoker, you are encouraged to speak to your physician for resources for smoking cessation.

Summit Approval.

The Summit management, health lodge physicians, and/or Summit Medical Director reserve the right to deny participation of any individual on the basis of medical history and/or a physical examination. Each individual participant is subject to a medical recheck at the Summit upon arrival, including the possibility of reweighing or rechecking vital signs. All requests for exemption to the above requirements MUST be submitted in writing at least 10 business days PRIOR TO ARRIVAL AT THE SUMMIT to the Summit Health Lodge at summithealthlodge@scouting.org. Any medical clearances noted in other parts of this document must be made available and/or submitted to the Summit Health Lodge for evaluation and consideration when submitting a request for exemption. If you do not meet the guidlines outlined above and have not obtained an exemption PRIOR to your arrivial at the Summit, you will be turned away and sent home at your own expense, including arranging your own transportation.

Weight Limits.

Weight limit guidelines are used because individuals who are overweight have a greater risk of heart disease, high blood pressure, stroke, altitude sickness, sleep problems, and injuries. These guidelines are for all Scouting **high-adventure activities**. Each participant's weight must be at or less than the maximum acceptable weight in the height/weight chart. Anyone exceeding the maximum weight for their height will require further review by the Summit. Summit staff will use their judgment to determine whether those who exceed the maximum acceptable weight for their height can participate.

Any participant (regardless of program) weighing over **250 pounds** *will be restricted from participating in all aerial activities. There are no exceptions to this cutoff.*

Scout Camp/Training Courses: The below height/weight chart does not apply to these program participants. The maximum weight for these program participants is 300 pounds. If you exceed this weight, please contact the Summit Health Lodge at summithealthlodge@scouting.org.

Summit Experience: If you exceed the maximum weight for your height below, please contact the Summit Health Lodge at summithealthlodge@scouting.org. Exemptions are available on a case-by-case basis. Exceptions will consider your age, BMI, and medical comorbidities, among other factors.

ATV Experience: If you exceed the maximum weight for your height below, please contact the Summit Health Lodge at summithealthlodge@scouting.org. Exemptions are available on a case-by-case basis. Exceptions will consider your age, BMI, and medical comorbidities, among other factors.

New River Experience: If you exceed the maximum weight for your height below, please contact the Summit Health Lodge at summithealthlodge@scouting.org. Exemptions are available on a case-by-case basis. Exceptions will consider your age, BMI, and medical comorbidities, among other factors. No one over 300 pounds will be permitted to participate in this activity. Please note, exceptions are limited by body morphology, as each participant must appropriately fit in a Type III PFD according to manufacturer specifications.

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

Summit Bechtel Reserve

Email: summithealthlodge@scouting.org **Website:** summitbsa.org

Pack N' Paddle / OA Summit Experience: These are the Summit's most strenuous experiences. If you exceed the maximum weight for your height, please contact the Summit Health Lodge at summithealthlodge@scouting.org. Exceptions to this requirement are rarely granted due to the nature of the experiences. No one over 300 pounds will be permitted to participate in these experiences.

Marksman Experience: The below height/weight chart does not apply to Marksman Experience participants. The maximum weight for this experience is 300 pounds. If you exceed this weight, please contact the Summit Health Lodge at summithealthlodge@scouting.org.

Any experience that includes whitewater rafting: For this portion of the trip, participants must meet the height/weight chart. Exceptions will be considered based on age, BMI, and medical comorbidities. No one over 300 pounds will be permitted to participate in this activity. Please note, exceptions are limited by body morphology, as each participant must appropriately fit in a Type III PFD, according to manufacturer.

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