

# Philmont Medical Form

## Important Tips

Here are some important items to consider when filling out the Philmont Medical Form. Items are highlighted where we have seen the most problems in the past along with the most common errors. Use care with the three pages that require filling in information. The following sample pages have the most common problem areas circled. Check off each step as it is completed.

- ❑ Start by carefully reading the entire six page form. Pay special attention to the warning areas regarding blood pressure and such on page 1 and weight restrictions on page 3.
- ❑ Page 1 - All participants must attach a photocopy of both sides of their insurance card to the top of page one of the medical form.
- ❑ Page 4 - Be sure to sign and date the form. Adult hikers only sign the participant line. Youth hikers must sign as the participant and have a parent signature and date where provided.
- ❑ Page 5 - The Participant fills out this part of the form. Parents should assist with this. **MAKE SURE EVERY SINGLE LINE HAS AN ANSWER.** If something does not apply, simply write DNA (Does Not Apply) on that line. If the participant does not have insurance, write **NO INSURANCE** in the insurance information section. Don't forget to record information about any prescription drug information the participant may be taking. If you take no prescriptions, simply write **DNA** in bold letters across the lower part of the page. Otherwise, use one block for each prescription you take.
- ❑ Page 6 - This is the doctor's section. Always take the time to review any concerns with your doctor during the physical. **MAKE SURE EVERY SINGLE LINE HAS AN ANSWER.** If something does not apply, simply ask the doctor to write DND on that line. Common problem areas are circled in the following example. Ask your doctor to have a stamp used in the "Physician's Information" area. If that can't be done, simply attach the doctor's business card next to their signature. This will ensure the Philmont medical team will be able to read the contact information.

(STAPLE A COPY OF HEALTH INSURANCE CARD HERE)

PHILMONT SCOUT RANCH

BOY SCOUTS OF AMERICA

### 2009 HEALTH AND MEDICAL RECORD

**LEVEL A: For Participants in all Philmont Backcountry Programs, Double H High Adventure Base Programs, some Philmont Training Center Programs. (Meets BSA Class 3 Requirements)**

This health and medical record, including limitations indicated, is valid for participation in Scouting (unit activities, camping, local and national events) for 12 months after date completed by physician. Each participant is subject to a medical recheck at Philmont. **STAFF PHYSICIANS AT PHILMONT RESERVE THE RIGHT TO DENY THE PARTICIPATION OF ANY INDIVIDUAL ON THE BASIS OF A PHYSICAL EXAMINATION AND/OR MEDICAL HISTORY.**

#### INSTRUCTIONS FOR FORM

1. READ THIS ENTIRE FORM!
2. Note the weight for height requirements on Page 3. These are **will not be allowed on the trail and will be se** height for
3. Complete the personal health history information on Page 5.
4. Participant and parent (if participant is under age 18) must sign on
5. Attach a copy of your health insurance card (not applicable if you
6. Obtain a physical examination from a physician licensed to practice medicine, or a nurse practitioner, who must complete and sign Page 6.

Photocopy both sides of your insurance form and staple here

#### THE PHILMONT TREK EXPERIENCE

A Philmont trek is physically, mentally and emotionally demanding. Each participant must be able to carry a 35 to 50 lb. pack while hiking 5 to 12 miles per day in an isolated mountain wilderness, ranging from 6,500 to 12,500 feet in elevation. Climatic conditions include temperatures from 30 to 90 degrees F, low humidity (10-30%) and frequent, sometimes severe, afternoon thunderstorms. Activities include horseback riding, rock climbing and rappelling, challenge events, pole climbing, black powder shooting, 12 gauge trap shooting, .30-06 shooting, trail building, mountain biking and other activities that may have potential for injury. Philmont strives to minimize risks to participants and advisors by emphasizing proper safety precautions. Refer to the *Guidebook to Adventure* for specific information. Philmont staff instruct participants in safety measures to be followed. Each participant and crew is expected to follow these safety measures and to accept responsibility for the health and safety of each of its members.

#### RISK ADVISORY - PHILMONT SCOUT RANCH

Philmont has an excellent health and safety record with over 880,000 adults and young people having attended since 1938. Philmont strives to minimize risks to participants and advisors by emphasizing proper safety precautions. Most participants in Philmont programs do not experience injuries because they are prepared, are conscious of risks, and take safety precautions. If you decide to attend Philmont, you should be physically fit, have proper clothing and equipment, be willing to follow instructions and work as a team with your crew and take responsibility for your own health and safety. For further information please thoroughly read the *Guidebook to Adventure*. Like other wilderness areas, Philmont is not risk free and you should be prepared to listen to safety instructions carefully, follow directions and take appropriate steps to safeguard yourself and others.

Parents, guardians and potential participants in Philmont programs are advised that journeying to and from Philmont, and one's stay at Philmont, can involve exposure to accident, illness, and/or injury associated with a high elevation, physically demanding, high adventure program in a remote mountainous area. Campers may be exposed to occasional severe weather conditions such as lightning, hail, flash floods and heat. Other potential problems include: injuries from tripping and falling, motor vehicle accidents, worsening of underlying medical conditions such as diabetes or asthma, heart attacks, heat exhaustion and falls from horses.

Philmont's trails are steep and rocky. Wild animals such as bears, rattlesnakes and mountain lions are native and usually present little danger if proper precautions are taken. Please refer to the *Guidebook to Adventure*, speak with previous Philmont participants, or call Philmont for further information concerning risks and measures which can be taken to avoid accidents. Philmont has staff trained in first aid, CPR and accident prevention, and is prepared to assist in recognizing, reacting, and responding to accidents, injuries and illnesses. Each crew is also required to have at least one member trained in wilderness first aid and CPR. Medical and search and rescue services are provided by Philmont in response to an accident or emergency. However, response times can be affected by location, weather or other emergencies and could be delayed six (6) or more hours.

Philmont trail food is, by necessity, a high carbohydrate, high caloric diet. The trail food is high in wheat, milk products, sugar and corn syrup, and artificial coloring/flavoring. Most dinner meals contain meat. If participant has a problem with the diet described above, contact Philmont for a copy of the trail menu and ingredients and plan to send supplemental food. Philmont will deliver supplemental food to the appropriate pickup places.

#### MEDICATIONS and IMMUNIZATIONS

Each participant at Philmont who has a condition requiring medication should bring an appropriate supply for the duration of the trip. The pharmacy at the Health Lodge is limited and the identical medications may not be available. In certain circumstances duplicate or even triplicate supplies of vital medications are appropriate. People with an allergy to bee, wasp or hornet stings must bring an EpiPen or equivalent that has not expired, with them to Philmont. Philmont cannot guarantee the delivery of any medication for participants in a backcountry program. Please call Philmont if you have any questions. Philmont recognizes the right of a Scout not to have immunizations, etc. because of religious beliefs. However, a statement signed by the parents is required, indicating that the Scout is free from contagious disease and is able to physically tolerate the altitude and terrain as described in this form. Write Philmont for a copy of the statement.

Read the entire page. Nothing to fill out here.

### RECOMMENDATIONS REGARDING CHRONIC ILLNESSES

Philmont requires that this information be shared with the parent(s) or guardian(s) and examining physician of every participant. Philmont does not have facilities for extended care or treatment, therefore, **participants who cannot meet these requirements will be sent home at their expense.**

#### CARDIAC OR CARDIOVASCULAR DISEASE

Adults who have had any of the following should undergo a thorough evaluation by a physician before considering participation at Philmont.

1. Angina (chest pain caused by blocked blood vessels or coming from the heart)

Pay special attention to Philmont's warnings on high blood pressure!

blocked blood vessels, balloon dilation, or stents).

daily before age 50

8. Smoking and/or Excessive weight

Youths who have congenital heart disease or acquired heart disease such as rheumatic fever, Kawasaki's disease or mitral valve prolapse should undergo thorough evaluation by a physician before considering participating at Philmont.

The altitude at Philmont and the physical exertion involved may precipitate either a heart attack or stroke in susceptible persons. Participants with a history of any of the first seven (7) conditions listed above should have a physician supervised stress test. More extensive testing (e.g. nuclear stress test) is recommended for participants who have coronary heart disease. **Even if the stress test is normal, the results of testing done at lower elevations and without the backpacks carried at Philmont do not guarantee safety.** If the test results are abnormal, the individual is advised not to participate.

#### HYPERTENSION (HIGH BLOOD PRESSURE)

The combination of stress and altitude appears to cause significant increase in blood pressure in some individuals attending Philmont. Occasionally hypertension reaches such a level that it is no longer safe to engage in strenuous activity. Hypertension can increase the risk of having a stroke, developing altitude sickness, or angina. **Participants coming to Philmont should have a normal blood pressure (less than 140/90).** Persons with significant hypertension (greater than 140/90) should be treated and controlled before coming to Philmont, and should continue on medications while at Philmont. **The goal of treatment should be to lower the blood pressure to normal.** It is the experience of the Philmont medical staff that such individuals often develop significant hypertension when they arrive at Philmont. Participants already on antihypertensive therapy with normal blood pressures should continue on medications. Diuretic therapy to control hypertension is not recommended because of the risks of dehydration which exist with strenuous activity at high altitude and low humidity. Each participant who is 18 years of age or older will have his or her blood pressure checked at Philmont. **Those individuals with a blood pressure consistently greater than 160/100 at Philmont will be kept off the trail until their blood pressure decreases.**

#### INSULIN DEPENDENT DIABETES MELLITUS

Exercise and the type of food eaten affect insulin requirements. Any individual with insulin-dependent diabetes mellitus should be able to monitor personal blood glucose and to know how to adjust insulin doses based on these factors. The diabetic person also should know how to give a self injection. Both the diabetic person and one other person in the group should be able to recognize indications of excessively high blood sugar (hyperglycemia or diabetic ketoacidosis) and to recognize indications of excessively low blood sugar (hypoglycemia). The diabetic person and one other individual should know the appropriate initial responses for these conditions. It is recommended that the diabetic person and one other individual carry insulin on the trek (in case of accident) and that a third vial be kept at the Health Lodge for backup. Bring a small insulated container for your insulin. Bring enough testing equipment and supplies for your trip and trek. Extras are usually needed.

An insulin dependent diabetic who has been newly diagnosed (within last 6 months) or who has undergone a change in delivery system (e.g. insulin pump) in the last 6 months, should not attempt to participate in the strenuous activities encountered at Philmont. A diabetic person who has had frequent hospitalizations for diabetic ketoacidosis or who has had frequent problems with hypoglycemia should not participate in a trek at Philmont until better control of the diabetes has been achieved. Call Philmont at 575-376-2281 to obtain permission from the chief medical officer for individuals hospitalized within the past year.

#### SEIZURES (EPILEPSY)

A seizure disorder or epilepsy does not exclude an individual from participating at Philmont. However, the seizure disorder should be well controlled by medications. A minimum six month seizure-free period is considered to be adequate control. Exceptions to this guideline may be considered by Philmont's chief medical officer and will be based on the specific type of seizure and the likely risks to the individual and to other members of the crew. The medical staff at the Health Lodge may place some restrictions on activities (rock-climbing, horse riding, etc.) for those individuals who are approved for participation but whose seizures are incompletely controlled.

#### ASTHMA

Asthma should be well-controlled before coming to Philmont. Well-controlled asthma means: 1) the use of an inhaler less than once daily; 2) no need for nighttime treatment with an inhaler. Well controlled asthma may include the use of long-acting bronchodilators, inhaled steroids or oral medications such as Singulair. You must meet these guidelines in order to participate. You will not be allowed to participate if: 1) you have exercise asthma not prevented by medications; or 2) you have been hospitalized or have gone to the emergency room to treat asthma in the past 6 months; or 3) you have needed treatment with oral steroids (prednisone) in the past 6 months. You must bring a 15 day supply of your medications and a spare inhaler that are not expired. At least one other member of the crew should know how to recognize signs of worsening asthma or an asthma attack, and should know how to use the inhaler. Any person who has needed treatment for asthma in the past 3 years must carry an inhaler on the trek. If you do not bring an inhaler, you must buy an inhaler at Philmont before you will be allowed to participate.

**ALLERGY OR ANAPHYLAXIS**

Allergy shots may be given to persons on a maintenance dose and who have not had an anaphylactic reaction. You must bring your own medications. Philmont staff may not be able to give allergy shots while persons are on their trek. Persons who have had an anaphylactic reaction from any cause must contact Philmont before coming. 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 at Philmont before you will be allowed to participate.

**RECENT MUSCULOSKELETAL INJURIES AND ORTHOPEDIC SURGERY**

Every Philmont participant will put a great deal of strain on feet, ankles, and knees. Participants who have had orthopedic surgery, including arthroscopic surgery or significant musculoskeletal injuries, within the past six (6) months, find it difficult or impossible to negotiate Philmont's steep rocky trails. Individuals with significant musculoskeletal problems (including back problems) or recent orthopedic surgery/injuries, must have a letter of clearance from their orthopedic surgeon or treating physician to be considered for approval to backpack at Philmont. Permission is not guaranteed. A person with a cast on any extremity may participate only if approved by a Philmont physician. Ingrown toenails are a common problem and must be treated 30 days prior to arrival.

**PSYCHOLOGICAL AND EMOTIONAL DIFFICULTIES**

A psychological disorder does not necessarily exclude an individual from participation. Parents and advisors should be aware that a Philmont trek is not designed to assist participants to overcome psychological or emotional problems. Experience demonstrates that these problems frequently become magnified, not lessened, when a participant is subjected to the physical and mental challenges of a trek at high elevation, carrying a heavy backpack over steep, rocky trails. Any condition should be well controlled without the services of a mental health practitioner. **Under no circumstance should medication be stopped immediately prior to a Philmont trek and medication should be continued while at Philmont.** Participants requiring medication must bring an appropriate supply for the duration of the trip.

**PHILMONT WEIGHT LIMITS FOR BACKPACKING AND HIKING**

Each participant in a Philmont trek must not exceed the maximum acceptable limit in the weight for height chart shown below. The right hand column shows the maximum acceptable weight for a person's height in order to participate in a Philmont trek. Those who fall within the limits are more likely to have an enjoyable trek and avoid incurring health risks. Every Philmont trek involves hiking with a 35-50 lb. backpack between 6,500 and 12,500 ft. elevations. Philmont recommends that participants carry a pack weighing no more than 25-30% of their body weight.

**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.** For example, a person 70 inches tall cannot weigh more than 226 lbs. All heights and weights will be measured in stocking feet.

*For participants under 21 years of age who exceed the maximum acceptable weight for height, the Philmont physicians will use their best professional judgment in determining participation in a Philmont trek. Participants under 21 years of age are strongly encouraged to meet the weight limit for their height. Exceptions are not made automatically and discussion in advance with Philmont is required regarding any exception to the weight limit for persons under 21 years of age, whether it is over or under.* Philmont will consider up to 20 lbs. over the maximum acceptable as stated on the chart. The phone number is 575-376-2281.

The maximum weight for any participant in a Cavalcade Trek is 295 lbs. **Individuals weighing more than 295 pounds be permitted to participate.** Limitations of rescue equipment and for safety of search and rescue operations may vary by individual because of

Pay special attention to this area showing weight limits for your height

**Individuals who do not meet Philmont's weight for height requirements will not be allowed on the trail and will be sent home.**

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptable
60	97 - 138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptable
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

**PHILMONT WEIGHT LIMITS FOR BACKPACKING AND HIKING**

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65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
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76	156-222	223-267	267
77	160-228	229-274	274
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79 & over	170-240	241-295	295

**AUTHORIZATION FOR PARTICIPATION, MEDICAL CARE, AND DISCLOSURE OF HEALTH INFORMATION**

I, the undersigned, have read and understand this entire form, including the sections entitled *THE PHILMONT TREK EXPERIENCE, RISK ADVISORY, RECOMMENDATIONS REGARDING CHRONIC ILLNESSES, PHILMONT WEIGHT LIMITS FOR BACKPACKING & HIKING*, as well as recommendations for blood pressure and immunization. The participant's health history is accurate and complete to the best of my knowledge. The participant has permission to engage in all Philmont activities described, except as specifically noted on this form by me or the physician.

I hereby consent to and authorize the Philmont medical staff to evaluate, examine and treat the participant as appropriate under the circumstances for injuries or illnesses that may occur, including permission for physical examination, administration of medications and injections, and emergency medical transport. In case of emergency in which the participant is in need of immediate hospitalization, further medical attention, or surgery and, in the case of a minor, the participant's parents or legal guardian cannot be located for the purpose of consenting thereto, after reasonable efforts have been made under the circumstances, I authorize the participant's adult leaders, Philmont medical staff, and/or Philmont management to give consent on participant's behalf for transport, hospitalization, surgery, anesthesia, and other necessary medical treatment.

I authorize the participant's adult leaders, Philmont medical staff, and Philmont management to disclose to, and receive from, any physician, hospital, or health care provider any health information regarding the participant, including but not limited to health history, medications, examination findings, test results, and treatment provided, for purposes of medical evaluation or treatment of the participant, transportation for medical treatment, follow-up by Philmont staff on medical treatment or transport, communication with the participant's family, and/or determination of the participant's ability to take part in any Philmont activity.

I further authorize any physician, hospital or health care provider that may provide medical evaluation or treatment to the participant to disclose to, and receive from, the participant's adult leaders, Philmont medical staff, and Philmont management any health information regarding the participant, including but not limited to health history, medications, examination findings, test results, and treatment provided, for purposes of medical evaluation or treatment of the participant, transportation for medical treatment, follow-up by Philmont staff on medical treatment or transport, communication with the participant's family, and/or determination of the participant's ability to take part in any Philmont activity.

I understand that, without exception, I have the right to revoke this authorization in writing at any time. I understand that the signing of this authorization is not a condition for treatment and that this authorization is not subject to redisclosure by the recipient of the information used or disclosed pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Youth and adult hikers must sign and date this line**

**Parents of youth hikers must sign and date this line**

**I HAVE READ AND UNDERSTAND THIS ENTIRE FORM, INCLUDING THE SECTIONS ENTITLED THE PHILMONT TREK EXPERIENCE, RISK ADVISORY, RECOMMENDATIONS REGARDING CHRONIC ILLNESSES, PHILMONT WEIGHT LIMITS FOR BACKPACKING & HIKING, AS WELL AS RECOMMENDATIONS FOR BLOOD PRESSURE AND IMMUNIZATION. THE PARTICIPANT'S HEALTH HISTORY IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. THE PARTICIPANT HAS PERMISSION TO ENGAGE IN ALL PHILMONT ACTIVITIES DESCRIBED, EXCEPT AS SPECIFICALLY NOTED ON THIS FORM BY ME OR THE PHYSICIAN. I HEREBY CONSENT TO AND AUTHORIZE THE PHILMONT MEDICAL STAFF TO EVALUATE, EXAMINE AND TREAT THE PARTICIPANT AS APPROPRIATE UNDER THE CIRCUMSTANCES FOR INJURIES OR ILLNESSES THAT MAY OCCUR, INCLUDING PERMISSION FOR PHYSICAL EXAMINATION, ADMINISTRATION OF MEDICATIONS AND INJECTIONS, AND EMERGENCY MEDICAL TRANSPORT. IN CASE OF EMERGENCY IN WHICH THE PARTICIPANT IS IN NEED OF IMMEDIATE HOSPITALIZATION, FURTHER MEDICAL ATTENTION, OR SURGERY AND, IN THE CASE OF A MINOR, THE PARTICIPANT'S PARENTS OR LEGAL GUARDIAN CANNOT BE LOCATED FOR THE PURPOSE OF CONSENTING THERETO, AFTER REASONABLE EFFORTS HAVE BEEN MADE UNDER THE CIRCUMSTANCES, I AUTHORIZE THE PARTICIPANT'S ADULT LEADERS, PHILMONT MEDICAL STAFF, AND/OR PHILMONT MANAGEMENT TO GIVE CONSENT ON PARTICIPANT'S BEHALF FOR TRANSPORT, HOSPITALIZATION, SURGERY, ANESTHESIA, AND OTHER NECESSARY MEDICAL TREATMENT. I AUTHORIZE THE PARTICIPANT'S ADULT LEADERS, PHILMONT MEDICAL STAFF, AND PHILMONT MANAGEMENT TO DISCLOSE TO, AND RECEIVE FROM, ANY PHYSICIAN, HOSPITAL, OR HEALTH CARE PROVIDER ANY HEALTH INFORMATION REGARDING THE PARTICIPANT, INCLUDING BUT NOT LIMITED TO HEALTH HISTORY, MEDICATIONS, EXAMINATION FINDINGS, TEST RESULTS, AND TREATMENT PROVIDED, FOR PURPOSES OF MEDICAL EVALUATION OR TREATMENT OF THE PARTICIPANT, TRANSPORTATION FOR MEDICAL TREATMENT, FOLLOW-UP BY PHILMONT STAFF ON MEDICAL TREATMENT OR TRANSPORT, COMMUNICATION WITH THE PARTICIPANT'S FAMILY, AND/OR DETERMINATION OF THE PARTICIPANT'S ABILITY TO TAKE PART IN ANY PHILMONT ACTIVITY. I FURTHER AUTHORIZE ANY PHYSICIAN, HOSPITAL OR HEALTH CARE PROVIDER THAT MAY PROVIDE MEDICAL EVALUATION OR TREATMENT TO THE PARTICIPANT TO DISCLOSE TO, AND RECEIVE FROM, THE PARTICIPANT'S ADULT LEADERS, PHILMONT MEDICAL STAFF, AND PHILMONT MANAGEMENT ANY HEALTH INFORMATION REGARDING THE PARTICIPANT, INCLUDING BUT NOT LIMITED TO HEALTH HISTORY, MEDICATIONS, EXAMINATION FINDINGS, TEST RESULTS, AND TREATMENT PROVIDED, FOR PURPOSES OF MEDICAL EVALUATION OR TREATMENT OF THE PARTICIPANT, TRANSPORTATION FOR MEDICAL TREATMENT, FOLLOW-UP BY PHILMONT STAFF ON MEDICAL TREATMENT OR TRANSPORT, COMMUNICATION WITH THE PARTICIPANT'S FAMILY, AND/OR DETERMINATION OF THE PARTICIPANT'S ABILITY TO TAKE PART IN ANY PHILMONT ACTIVITY. I UNDERSTAND THAT, WITHOUT EXCEPTION, I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION IN WRITING AT ANY TIME. I UNDERSTAND THAT THE SIGNING OF THIS AUTHORIZATION IS NOT A CONDITION FOR TREATMENT AND THAT THIS AUTHORIZATION IS NOT SUBJECT TO REDISCLOSURE BY THE RECIPIENT OF THE INFORMATION USED OR DISCLOSED PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA). THIS AUTHORIZATION SHALL EXPIRE 90 DAYS AFTER THE DATE OF SIGNATURE AND MAY BE USED IN LIEU OF THE ORIGINAL AUTHORIZATION. I HEREBY CONSENT TO AND AUTHORIZE THE PHILMONT MEDICAL STAFF TO EVALUATE, EXAMINE AND TREAT THE PARTICIPANT AS APPROPRIATE UNDER THE CIRCUMSTANCES FOR INJURIES OR ILLNESSES THAT MAY OCCUR, INCLUDING PERMISSION FOR PHYSICAL EXAMINATION, ADMINISTRATION OF MEDICATIONS AND INJECTIONS, AND EMERGENCY MEDICAL TRANSPORT. IN CASE OF EMERGENCY IN WHICH THE PARTICIPANT IS IN NEED OF IMMEDIATE HOSPITALIZATION, FURTHER MEDICAL ATTENTION, OR SURGERY AND, IN THE CASE OF A MINOR, THE PARTICIPANT'S PARENTS OR LEGAL GUARDIAN CANNOT BE LOCATED FOR THE PURPOSE OF CONSENTING THERETO, AFTER REASONABLE EFFORTS HAVE BEEN MADE UNDER THE CIRCUMSTANCES, I AUTHORIZE THE PARTICIPANT'S ADULT LEADERS, PHILMONT MEDICAL STAFF, AND/OR PHILMONT MANAGEMENT TO GIVE CONSENT ON PARTICIPANT'S BEHALF FOR TRANSPORT, HOSPITALIZATION, SURGERY, ANESTHESIA, AND OTHER NECESSARY MEDICAL TREATMENT. I AUTHORIZE THE PARTICIPANT'S ADULT LEADERS, PHILMONT MEDICAL STAFF, AND PHILMONT MANAGEMENT TO DISCLOSE TO, AND RECEIVE FROM, ANY PHYSICIAN, HOSPITAL, OR HEALTH CARE PROVIDER ANY HEALTH INFORMATION REGARDING THE PARTICIPANT, INCLUDING BUT NOT LIMITED TO HEALTH HISTORY, MEDICATIONS, EXAMINATION FINDINGS, TEST RESULTS, AND TREATMENT PROVIDED, FOR PURPOSES OF MEDICAL EVALUATION OR TREATMENT OF THE PARTICIPANT, TRANSPORTATION FOR MEDICAL TREATMENT, FOLLOW-UP BY PHILMONT STAFF ON MEDICAL TREATMENT OR TRANSPORT, COMMUNICATION WITH THE PARTICIPANT'S FAMILY, AND/OR DETERMINATION OF THE PARTICIPANT'S ABILITY TO TAKE PART IN ANY PHILMONT ACTIVITY. I FURTHER AUTHORIZE ANY PHYSICIAN, HOSPITAL OR HEALTH CARE PROVIDER THAT MAY PROVIDE MEDICAL EVALUATION OR TREATMENT TO THE PARTICIPANT TO DISCLOSE TO, AND RECEIVE FROM, THE PARTICIPANT'S ADULT LEADERS, PHILMONT MEDICAL STAFF, AND PHILMONT MANAGEMENT ANY HEALTH INFORMATION REGARDING THE PARTICIPANT, INCLUDING BUT NOT LIMITED TO HEALTH HISTORY, MEDICATIONS, EXAMINATION FINDINGS, TEST RESULTS, AND TREATMENT PROVIDED, FOR PURPOSES OF MEDICAL EVALUATION OR TREATMENT OF THE PARTICIPANT, TRANSPORTATION FOR MEDICAL TREATMENT, FOLLOW-UP BY PHILMONT STAFF ON MEDICAL TREATMENT OR TRANSPORT, COMMUNICATION WITH THE PARTICIPANT'S FAMILY, AND/OR DETERMINATION OF THE PARTICIPANT'S ABILITY TO TAKE PART IN ANY PHILMONT ACTIVITY. I UNDERSTAND THAT, WITHOUT EXCEPTION, I HAVE THE RIGHT TO REVOKE THIS AUTHORIZATION IN WRITING AT ANY TIME. I UNDERSTAND THAT THE SIGNING OF THIS AUTHORIZATION IS NOT A CONDITION FOR TREATMENT AND THAT THIS AUTHORIZATION IS NOT SUBJECT TO REDISCLOSURE BY THE RECIPIENT OF THE INFORMATION USED OR DISCLOSED PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA). THIS AUTHORIZATION SHALL EXPIRE 90 DAYS AFTER THE DATE OF SIGNATURE AND MAY BE USED IN LIEU OF THE ORIGINAL AUTHORIZATION.**

\_\_\_\_\_  
 PARTICIPANT SIGNATURE (REQUIRED)      DATE

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE      DATE  
 (Required if Participant is Under 18 Years of Age)

\_\_\_\_\_  
 PARTICIPANT NAME (Please Print)

Every single line must be filled out. If something does not apply, write DNA on that line.

EXPEDITION NUMBER \_\_\_\_\_  
 STAFF POSITION \_\_\_\_\_  
 (A Class 3 Requirements)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Grade Completed (youth only) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Council Name \_\_\_\_\_ Unit # \_\_\_\_\_ Religious Preference \_\_\_\_\_

Social Security Number \_\_\_\_\_ (Required by medical facilities for treatment, if necessary.)

\*The minimum age/grade requirement for all participants of Philmont High Adventure Expeditions is 14 by January 1 of the year attending OR have completed the eighth (8th) grade and be at least 13 years of age prior to participation. Philmont can make no exceptions.

PLEASE ATTACH PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE".

Family Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address of Insurance Company \_\_\_\_\_ State, Zip \_\_\_\_\_

Common problem areas are circled in red. If you don't have insurance, write NO INSURANCE in the space above

Relationship \_\_\_\_\_

Business Phone # (\_\_\_\_) \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

**HEALTH HISTORY**

Check any of the following (if checked explain below):

Asthma \_\_\_\_\_ Bleeding Disorders \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_ High Blood Pressure \_\_\_\_\_

Kidney Disease \_\_\_\_\_ Orthopedic Problems \_\_\_\_\_ Seizures (Epilepsy) \_\_\_\_\_ Sickle Cell Disease \_\_\_\_\_ Sinus Trouble \_\_\_\_\_

Abdominal Problems \_\_\_\_\_ Earaches/Infections \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Altitude Sickness \_\_\_\_\_ ADD/ADHD \_\_\_\_\_

(Explanation for any above) \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Any mental illness \_\_\_\_\_ Explain \_\_\_\_\_

Allergies or reactions to any medication \_\_\_\_\_ Allergy to food, plants or insect bites \_\_\_\_\_

Past medical/injury history (be specific) \_\_\_\_\_

Past surgical history (be specific) \_\_\_\_\_

**MEDICATIONS**

List all medication currently used. (If additional space is needed, please photocopy this part of the health form.) Include any occasionally used medication such as inhalers or EpiPens.

Medication: _____ Strength _____ Frequency _____ Reason for Medication _____ Approximate Date Started _____ Temporary _____ Permanent _____	Medication: _____ Strength _____ Frequency _____ Reason for Medication _____ Approximate Date Started _____ Temporary _____ Permanent _____	Medication: _____ Strength _____ Frequency _____ Reason for Medication _____ Approximate Date Started _____ Temporary _____ Permanent _____
Medication: _____ Strength _____ Frequency _____ Reason for Medication _____ Approximate Date Started _____ Temporary _____ Permanent _____	Medication: _____ Strength _____ Frequency _____ Reason for Medication _____ Approximate Date Started _____ Temporary _____ Permanent _____	

Record any medications here. If none, write DNA across the boxes in bold letters.

NOTE: Be sure to bring unexpired medications needed while at Philmont including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

