Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

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

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

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

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

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

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

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

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

_____

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

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

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

(If required; for example, California)

Complete this section for youth participants only:

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

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Part B: General Information/Health History

Full name: _____

DOB: _____

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

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

Address: _____

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

Unit leader: _____ Mobile phone: _____

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

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

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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

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

Part B: General Information/Health History

Full name: _____

DOB: _____

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

Allergies/Medications

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

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

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

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

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

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by:

_____ / _____

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

! **Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.** **!**

Immunization

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

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

Please list any additional information about your medical history:

_____

_____

_____

_____

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

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

Part C: Pre-Participation Physical

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

Full name: _____

DOB: _____

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

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

Examiner: Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	☐	☐	

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

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

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

Examiner's Certification

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

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

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

Provider printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

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

Maximum weight for height:

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

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

Florida Sea Base

Phone: 305-664-4173 Website: www.bsaseabase.org

Sea Base Experience. Each high-adventure base offers a unique experience that is not risk-free. Knowledgeable staff will instruct all participants in safety measures to be followed. Be prepared to listen to and carefully follow these safety measures and to accept responsibility for the health and safety of yourself and others. Climatic conditions at Florida Sea Base include temperatures ranging from 50 to 95 degrees, high humidity, heat indexes reaching to 110 degrees, and frequent, sometimes severe, afternoon thunderstorms. Activities include snorkeling, scuba diving, kayaking, canoeing, sailing, hiking, and others; all of these have potential for injury. Refer to the Sea Base website for specific information.

Risk Advisory. The Florida Sea Base has an excellent health and safety record and strives to minimize risks to participants by emphasizing appropriate safety precautions. Each crew is required to have at least one adult member trained in wilderness first aid and CPR. Medical and search-and-rescue services are provided in response to an accident or emergency. **However, response times can be affected by location, terrain, weather, or other emergencies and could be delayed for hours.** The Florida Sea Base offers numerous activities, including snorkeling, sailing, camping, kayaking, canoeing, swimming, fishing, and scuba diving. If there is a question about the advisability of participation, contact the family physician first, then call the Sea Base at 305-664-5612. **The Sea Base health supervisor reserves the right to make medical decisions regarding the participation of individuals at Sea Base.**

Food. The Sea Base offers food appropriate for the experience. If a participant has a problem with the diet described in the participant guide, please contact the Sea Base food service department. ***Please note: It may not always be possible to accommodate individual preferences (likes and dislikes) that are not of a medical or religious nature.***

Medications. Each participant who has a condition requiring medication should bring an appropriate supply for the duration of the trip. Consider bringing duplicate or even triplicate supplies of vital medications. People with allergies that have resulted in severe reactions or anaphylaxis must bring with them sufficient unexpired EpiPens to last for up to three hours.

Recommendations Regarding Chronic Illnesses. The Florida Sea Base requires that this information be shared with the parents or guardians and examining physician of every participant. There are no on-site facilities for extended care or treatment; therefore, participants who cannot meet these requirements will be sent home at their expense. ***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. Adults or youth who have chronic conditions should undergo a thorough evaluation by a physician before considering participation at the Sea Base or any BSA high-adventure activity.***

Hypertension (High Blood Pressure). **Participants should have a blood pressure less than 140/90.** Persons with significant hypertension (greater than 140/90) should have the condition treated and controlled before attending any high-adventure base and should continue on medications while participating. Those taking beta-blocker medications should consider a change of medication before participating in any scuba program.

Insulin-Dependent Diabetes Mellitus. Both the person with diabetes and one other person in the group need to be able to recognize the signs of excessively high blood sugar and adjust the dose of insulin. *An insulin-dependent person who has been newly diagnosed (within the last six months) or who has undergone 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 for diabetic ketoacidosis or who has had frequent problems with hypoglycemia should not participate until better control of the diabetes has been achieved.

Diabetes and Scuba Diving: Persons with diabetes who are 18 years of age or older who wish to scuba dive should be assessed by a physician familiar with both hyperbaric issues related to diabetes and medications used for the control and treatment of diabetes. **Persons 18 years old or older who are determined to be candidates for scuba diving must submit four hemoglobin A1c (HbA1c) tests, each with HbA1c values less than 7, taken within the previous 12 months. Any test within the past 12 months with an HbA1c value greater than 7 disqualifies a person from scuba diving as part of a BSA activity.** ***Persons younger than 18 years of age with Type 1 diabetes will not be allowed to scuba dive.*** Persons under the age of 18 who control their diabetes with exercise and diet (no medications) and can provide three sequential hemoglobin tests with HbA1c values less than 6 **may** be approved to scuba dive.

Seizures (Epilepsy). A seizure disorder or epilepsy does not exclude an individual from participating at a high-adventure base. However, the seizure disorder should be well controlled by medication. A minimum one-year seizure-free period is considered to be adequate control. Exceptions to this guideline may be considered on an individual basis, and will be based on the specific type of seizure and the likely risks to the individual and to other members of the crew. ***Any seizure activity within the past five years, regardless of control and/or medication, disqualifies an individual from participation in any scuba program***. A person with a history of seizure activity who has been asymptomatic AND medication-free for five years, as evidenced by a physician, will be allowed to dive.

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

Florida Sea Base

Phone: 305-664-4173 Website: www.bsaseabase.org

Asthma. Asthma should be well-controlled before participating at any high-adventure base. Well-controlled asthma means: **1)** the use of a rescue inhaler (e.g., albuterol) less than once daily; and **2)** no need for nighttime treatment with a rescue inhaler (e.g., albuterol). 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 may not be allowed to participate if: **1)** you have exercise asthma not controlled by medications; or **2)** you have been hospitalized or have gone to the emergency room to treat asthma in the past six months; or **3)** you have needed treatment with intravenous, intramuscular, or oral steroids (prednisone) in the past six months. *You must bring an ample supply of your medications **and** a spare rescue 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 rescue inhaler. ***Any person who has needed treatment for asthma in the past three years must carry a rescue inhaler on the adventure.*** **If you do not bring a rescue inhaler, you must buy one before you will be allowed to participate.**

Asthma and Scuba Diving: *Persons being treated for asthma (including reactive airway disease) are disqualified from BSA scuba programs.* Persons with a history of asthma who have been asymptomatic and have not used medications to control asthma for five years or more may be allowed to scuba dive as part of a BSA activity upon submission of evidence from their treating physician. Persons with a history of asthma who have been asymptomatic and have not used medication to control asthma for fewer than five years may be allowed to scuba dive as part of a BSA activity upon submission of a methacholine challenge test showing the asthma to be resolved to the satisfaction of the Sea Base physician.

Allergy or Anaphylaxis. Persons who have had an **anaphylactic reaction** from any cause must contact the Florida Sea Base 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. Individuals with significant musculoskeletal problems (including back problems) or orthopedic surgery/injuries within the last six months must have a letter of clearance from their orthopedic surgeon or treating physician to be considered for approval to participate. Permission is not guaranteed. A person with a cast on any extremity may participate only if approved by their physician AND the Florida Sea Base.

Psychological and Emotional Difficulties. A psychological disorder does not necessarily exclude an individual from participation. Any condition should be well-controlled without the services of a mental health practitioner. **Under no circumstance should medication be stopped immediately prior to participation, and medication should be continued throughout the entire high-adventure experience.** Participants requiring medication must bring an adequate supply for the duration of the trip. **SPECIAL NOTE ON SCUBA DIVING—** Several psychotropic medications are NOT COMPATIBLE with the hyperbaric stresses of scuba diving. All medications MUST be listed on the BSA Annual Health and Medical Record. These medications will be reviewed by the Florida Sea Base health advisor and considered on an individual basis.

Weight Limits. Participants may complete their Sea Base adventure as long as they do not exceed 295 pounds in body weight. There are **NO EXCEPTIONS TO THE MAXIMUM WEIGHT LIMIT**, and those exceeding the maximum weight will be sent home at their own expense.