

Health Information Record

Level B: For Participants in Programs with Limited Access to Backcountry

Name _____ Social Security # _____ Date of Birth _____ Age _____ Male _____ Female _____
 Address _____ Height _____ Weight _____ Max Ht/Wt _____ (see reverse)
 City _____ State _____ Zip _____ Phone # (_____) _____
 Tent _____ Conference _____ Adult/youth _____ Religious Preference _____

PLEASE PROVIDE MEDICAL INSURANCE INFORMATION. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE".

Family Medical Insurance Company _____ Policy # _____ Phone # (_____) _____
 Address of Insurance Company _____ City, State, Zip _____

In Case of Emergency, Notify:

Name _____ Relationship _____
 Address, City, State, Zip _____
 Home Phone # (_____) _____ Cell Phone # (_____) _____ Business Phone # (_____) _____
 Alternate Contact _____ Alternate's Phone # (_____) _____

PARTICIPANT HEALTH HISTORY

Immunization Information Request: Tetanus Toxoid - Date of last inoculation _____

Place a check beside the diagnosis if you are now, or have ever been treated for any of the following:

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 _____

Other (please 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) _____

Any restriction of activity for medical reasons? _____ Explain _____

NOTE: BE SURE TO BRING MEDICATION NEEDED WHILE AT PHILMONT (see reverse)

List current medications and dosages: Medication _____ Dosage _____; Medication _____ Dosage _____;
 Medication _____ Dosage _____; Medication _____ Dosage _____.

Principle Physician _____ Phone # _____
 City, State, Zip _____

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

I, the undersigned, have read and understand this entire form, including the sections entitled *RISK ADVISORY*, and *RECOMMENDATIONS REGARDING CHRONIC ILLNESSES, MEDICATIONS*, and *PHILMONT WEIGHT LIMITS FOR BACKCOUNTRY PARTICIPATION*. 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 for disclosure of health information is not a condition for treatment or payment. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal HIPAA privacy regulations.

This authorization for disclosure of health information shall expire 90 days after the conclusion of participant's expedition, employment or participation at Philmont. A photocopy of this form may be used in lieu of the original.

I HAVE READ THIS ENTIRE FORM. ALL INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

PARTICIPANT SIGNATURE (REQUIRED)

DATE

PARENT/GUARDIAN SIGNATURE
(REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

DATE

RISK ADVISORY - PHILMONT SCOUT RANCH

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. Participants 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 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. 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.

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

- Cardiac or cardiovascular disease
- Excessive body weight
- Seizures (epilepsy)
- Hypertension (high blood pressure)
- Psychological or emotional difficulties
- Recent musculoskeletal injuries and/or orthopedic surgery
- Insulin dependent diabetes
- Asthma or Anaphylaxis

MEDICATIONS

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 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.

PHILMONT WEIGHT LIMITS FOR BACKCOUNTRY PARTICIPATION

Each backcountry participant at Philmont 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 activities in the backcountry. For example, a person 70" cannot weigh more than 226 lbs. Those who fall within the limits are more likely to have an enjoyable experience and avoid incurring health risks. *The Philmont staff will use their best professional judgment in determining participation in a Philmont backcountry experience by individuals who exceed the maximum acceptable weight for height. Discussion in advance with Philmont regarding any exception to the weight limit is required.*

Under no circumstance will any individual over 295 lbs. be allowed to participate in backcountry programs regardless of height or age. This limit is necessary due to limitations of rescue equipment and for the safety of Philmont personnel. The maximum weight for any participant in a Cavalcade Trek and for horse rides is 200 lbs.

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.

A water-displacement test to determine percent body fat will also be accepted in lieu of the height-weight guidelines. Women will need to have a body fat of 20% or less and men will need to have a body fat of 15% or less to be qualified to participate. No other form of test to determine percent body fat (DEXA scan, skin fold, etc.) will be accepted by Philmont.