

2021

Camp Rainey Mountain COVID-19 Plan Overview



Camp Rainey Mountain,
Boy Scouts of America
5/21/2021

Disclaimer: The Unit COVID-19 Supplemental guide is subject to change pending local, state, and National guidelines from the Center for Disease Control and the Department of Health.

The leadership of Camp Rainey Mountain has the health and safety of all Scouts, their families, staff, and general public as its highest priority and concern. This document was created to share with our local health department the preparations and intentions Camp Rainey Mountain has while operating our summer camps.

The following information has helped form the planning and implementation of enhanced procedures in Camp Rainey Mountain.

1. **Age Impact.** It appears that COVID19 does not have a significant effect on those below the age of 20 and that comorbidities are not a major factor in COVID deaths below the age of 20. CDC nationwide COVID deaths logged by age as of 25 April. 51 out of 37,308 nation-wide COVID deaths were people under 25 (includes those under 25 with comorbidities).

Data ...	Start...	End ...	State	Sex	Age g...	COVI...	Total...
05/01/2020	02/01/2020	04/25/2020	United St...	All Sexes	Under 1 y...	4	3,725
05/01/2020	02/01/2020	04/25/2020	United St...	All Sexes	1-4 years	2	723
05/01/2020	02/01/2020	04/25/2020	United St...	All Sexes	5-14 years	3	1,072
05/01/2020	02/01/2020	04/25/2020	United St...	All Sexes	15-24 years	42	6,385
05/01/2020	02/01/2020	04/25/2020	United St...	All Sexes	25-34 years	278	13,532
05/01/2020	02/01/2020	04/25/2020	United St...	All Sexes	35-44 years	707	19,539
05/01/2020	02/01/2020	04/25/2020	United St...	All Sexes	45-54 years	1,929	37,899
05/01/2020	02/01/2020	04/25/2020	United St...	All Sexes	55-64 years	4,688	91,146
05/01/2020	02/01/2020	04/25/2020	United St...	All Sexes	65-74 years	8,001	141,556
05/01/2020	02/01/2020	04/25/2020	United St...	All Sexes	75-84 years	10,196	177,917
05/01/2020	02/01/2020	04/25/2020	United St...	All Sexes	85 years ...	11,458	225,944
05/01/2020	02/01/2020	04/25/2020	United St...	All Sexes ...	All Ages	37,308	719,438

<https://www.cdc.gov/nchs/nvss/vsrr/covid19/index.htm>

Environment Impact. Heat 75°, humidity 80% and sunlight reduce the half-life of this virus from 18 hours to 2 minutes. Summer will have a major impact on this virus with even a greater impact as the temperature increases above 90. (Data from 23 April Daily White House COVID presentation)

Increased temperature, humidity, and sunlight are detrimental to SARS-CoV-2 in saliva droplets on surfaces and in the air

CONDITION	Temp	Humidity	Solar	HALF LIFE
Surface	70-75°F	20%	None	18 hours
Surface	70-75°F	80%	None	6 hours
Surface	95°F	80%	None	1 hour
Surface	70-75°F	80%	Summer	2 minutes
Aerosol	70-75°F	20%	None	~60 minutes
Aerosol	70-75°F	20%	Summer	~1.5 minutes

In addition to the CDC information provided above, Camp Rainey Mountain completes a rigorous national accreditation process each year (a summary of those topics is provided in the Appendix of this document). The following provides background to the BSA national standards.

BACKGROUND ON NATIONAL STANDARDS FOR CAMP RAINEY MOUNTAIN

The BSA national camp standards are established to:

1. Promote the health, safety, and well-being of every camper, leader, visitor, and staff member while participating in a BSA-accredited camp.
2. Guide councils so that each camper and leader obtain a quality program consistent with the BSA brand.

Camp Rainey Mountain is responsible for maintaining the BSA national camp standards. The national camp standards are the foundation of the National Camp Accreditation Program, which assesses council and camp conformance with the requirements of the national camp standards.

Assessment and Accreditation

Each year, a national camp assessment team (for long-term camps and COPE/climbing courses and associated camp properties) or the council self-assessment team (for day camps, family camps, and camp properties) will visit the camp property or camp to assess whether it qualifies for accreditation. If the camp assessment team finds that the camp property or camp complies with the standards and Authorization to Operate and is appropriately implementing the continuous camp improvement program, it will confirm the camp property or camp’s accredited status. If there are issues, the team will work with the council to address them and implement appropriate measures for correction. **(See Appendix)**

National Camp Standards Link
[2021-NCAP-Standards-430-056-Official-1.pdf \(scouting.org\)](https://www.scouting.org/national-camp-standards/2021-NCAP-Standards-430-056-Official-1.pdf)

Beyond the standards, Camp Rainey Mountain plans to implement practices and precautions to help mitigate the risks associated with COVID-19 which are included in the following pages. We will be monitoring circumstances and adhering to guidance from the CDC, our departments of health, the office of the Governor, and other experts to determine whether programs need to be postponed or adjusted.

PRE-OPENING PROCEDURES / UPDATES

Following are those items related to the COVID-19 preparations Camp Rainey Mountain is undertaking to provide a safe, clean, and healthy outdoor experience for its participants. Please know that we are monitoring developments regarding COVID-19 both locally, at the state level, and through the [Centers for Disease Control and Prevention \(CDC\)](#).

- Scouts BSA resident camp (commonly referred to as summer camp) may have numbers of participants purposely reduced based on local, state, and federal guidelines in order to ensure that all youth, adults, and staff have a safe and fun camping experience. Other changes may be necessary to our 2021 resident/summer camping program and we will communicate those following State of Georgia announcements.
- A **Pre – Event Medical Screening Checklist** will be provided to each participant prior to camp and used to prepare attendees for their time at camp. **(See Appendix for documents.)**

The processes and safety measures outlined in the following pages will be enforced and monitored throughout the summer camping season and will be adapted to meet all state and local requirements as needed. If at any point it is deemed “not safe” or not appropriate to host Scout camp, we will modify our planning and give notice as soon as possible to the participants and groups scheduled to attend.

PRIOR TO ARRIVING AT CAMP

Camp Readiness

Camp Rainey Mountain will go through typical preparations for the summer season. Unlike previous years, there will be additional action items to complete before and during camp operations. Below are the additional items Camp Rainey Mountain will be doing in 2021 to prepare (this list is not all-inclusive and is dynamic depending on state and local guidelines).

Enhanced Cleaning

All camping facilities used during each session/week of camp will receive an extensive cleaning from our camp staff and adult volunteers. Also, prior to the next session/week of camp.

Additional Cleaning Procedures

Cleaning procedure(s) *(based on current local and state recommendations)* have been developed and will be used at all camps. As such, Camp Rainey Mountain will clean and sanitize as necessary to meet health guidelines appropriate to each camp. ***Below are the areas identified for enhanced cleaning.***

For All Camps

- Dining Hall – Clean table surfaces, serving surfaces, doors, etc. after each meal rotation. Restrooms at the dining hall will be cleaned multiple times a day.
- Program Areas
 - Sanitization of program implementation equipment (tools, firearms, etc.) after each rotation, class, etc.
 - Shelters/picnic areas in program areas will be thoroughly cleaned by staff and/or adult volunteers daily.
- Shelters/Picnic Areas in Campsite
 - Camp staff will inspect daily to ensure that local groups clean shelter/picnic areas in campsites at least once daily (extra cleaning supplies will be issued to local groups and can be augmented with additional approved materials brought to camp by adult leaders) **(See Appendix for approved list of materials)**
 - Shelters/Picnic Areas in campsites will be thoroughly cleaned by staff and/or adult volunteers in between sessions/weeks.
- Restrooms
 - Camp staff will perform daily inspections to ensure that restrooms located in group sites are cleaned multiple times daily (extra cleaning supplies will be issued to local groups and can be augmented with additional approved materials brought to camp by adult leaders) **(See Appendix for approved list of materials)**
 - Restrooms in campsites will be thoroughly cleaned by staff and/or adult volunteers in between sessions/weeks.
- Staff Quarters
 - Staff members will be expected to clean their own specific living area at least daily (extra cleaning supplies will be issued to staff and can be augmented with additional approved materials) **(See Appendix for approved list of materials)**
 - Camp management will inspect to ensure that all staff specific quarters, housing, restrooms, etc. are cleaned at least daily.
 - All staff specific quarters, housing, restrooms, etc. will be thoroughly cleaned by staff and/or adult volunteers in between sessions/weeks.
- Shower Facilities
 - Each of the camp's shower facilities will be cleaned at least twice a day.
- Kitchen

- Kitchen staff will thoroughly clean all used kitchen surfaces throughout the day.
- Tents
 - Camp tents will be exposed to ultraviolet light and left to “air out” for 36 hours or more between sessions. Summer temperatures will exceed 80 degree most days.
 - Tents will be sanitized and clean before and after each session.

New Food/Dining Procedures

- Dining is an important part of any camp. Below is a listing of **additional** procedures that will be implemented in Camp Rainey Mountain’s dining halls in 2021.
 - **Dining hall procedures** have been modified to have lower attendance in the dining hall (based on current, at the time of camp, local health services, state guidelines, and/or CDC).
 - **Dining hall seating** has been modified to have appropriate social distancing standards met (based on current, at the time of camp, local health services, state guidelines, and/or CDC).
 - All staff serving food will meet the current State of Georgia food handler requirements.
- **Camp Specific Dining Hall Capacities**
 - No more than 400 people at one time dining in Camp Rainey Mountain Dining Hall to allow for social distancing (or current local, state, or federal guidelines).
 - Normal Occupancy specified otherwise is 756 persons.

Additional Supplies/Items

Camp Rainey Mountain’s commitment to health and safety is a top priority, the following items will be added to the supplies of each camp (in addition to the supplies normally maintained at camp).

- **Purchase of Additional First Aid and Screening Supplies**
 - Purchased touchless thermometers to help our on-site medical professional with screening for COVID-19.
- **Purchase of Additional PPE**
 - Camp Rainey Mountain will purchase specific PPE for its staff to ensure that staff will be able to safely perform specific job-related functions at camp to help prevent the spread of germs.
 - The council will also purchase PPE items for campers doing **select program-specific tasks** where PPE is needed (example – gloves and masks for trash runs/service projects. *(Note: staff and campers will have general use PPE per camp and staff supply list).* **(See Appendix for approved list of PPE materials)**)

- **Additional Handwashing/Sanitization Stations**
 - Currently, most program areas have handwashing stations or hand sanitizers. Should there not be a dedicated handwashing station then alternative arrangements will be made to ensure that all participants can sanitize their hands prior to and post-rotation at program areas.

Camp Operation Modifications

The following are modifications being made to all camp operations. These changes are dynamic and will be installed in compliance with state and local agencies guidelines.

- Participants will be instructed to maintain at least **6 feet of separation** from varying units/cohorts and **3 feet of separation** from individuals of the same unit/cohort, as much as possible (or whatever the recommendation is at the start of camp session).
- **Limit capacity** of class / activity size. Utilize space available in the most efficient way possible to allow for social distancing.
- Each participant will be encouraged to bring their own camp chair to their classes as **social distancing** will not allow more than 4 participants per picnic table
- **Check-in Screening** – In addition to standard BSA Medical Form parts A, B, and C (**see Appendix**), upon arrival to camp all staff and participants will be screened by submitting a standardized questionnaire and their temperature will be taken. Those who fail the screening will be refused entry and will be asked to leave camp immediately.
- **Sickness at Camp** – Participants presenting with symptoms of COVID-19 will be temporarily quarantined and sent home immediately.
- **Visitors** – There will be no family visitors during the camp session. If a unit is changing adults during the week, each new adult will need to check in at the office and complete pre-screening procedures.
- There will be no Family Night/Activities held this summer.
- Once an individual (youth or adult) has checked in to camp they should not plan to leave the property. Re-admittance to camp will be on a very limited basis and units should plan accordingly.
- **Handwashing** – As a Scout is Clean, we will direct participants to thoroughly wash their hands often. We are installing additional hand washing and sanitizing stations.
- **Personal protection equipment (PPE)** – A Scout or leader is encouraged to bring their own supply of hand sanitizer, face mask, and /or gloves as they deem necessary.
- **Group Shower Houses and Group Restrooms** – Group Shower houses and group restrooms located in common camp areas will be cleaned two times per day.
- **Camp Sanitation Personnel** - We may ask for volunteers from our attending adults to serve as a “Camp Sanitation Personnel”. This group of volunteers will be provided detailed instructions, equipment and materials to clean and sanitize all parts of camp.
- **Camp Commissioner** will maintain a duty roster of these “Camp Sanitation Personnel” and hand out assignments to specific parts of camp each morning after breakfast.

- **Protective Gear** – We will review the best methods for the use of gloves, masks, etc., while on our properties.
- **Camp Equipment** – We will properly sanitize all community and reusable program equipment after each use. This includes teaching and visual aids (posters, sample items), tools, terrariums, aquariums, tables, benches.
- **Administration Building** – Spray and wipe each keyboard, mouse, CPU, and monitor with disinfectant.
- **Welding** – Welding station will be sprayed with disinfectant and the welding masks, and equipment will be wiped down with disinfecting wipes.
- **Shooting sports** -
 - **Rifle Range** – Scout on the firing line will be given a disinfectant wipe to wipe down each rifle, ammo block, safety glasses, hearing protection, and shooting stand
 - **Shotgun Range** - Scout that participates will be given a disinfectant wipe to wipe down each shotgun, ammo block, safety glasses, hearing protection, and shooting stand after use.
 - **Archery range** - Scout on the firing line will be given a disinfectant wipe to wipe down each bow, arrow, safety glasses, and target stand
- **Waterfront** – After each use, every boat (canoe, rowboat, stand-up paddleboard, sailboat, motorboat) should be drained of any water and then set face up to dry in the sun. As it is drying each boat should be sprayed with disinfectant and left untouched per the label instructions
 - Oars and paddles should be also stored blade down and all shafts and handles should be wiped with disinfectant wipes
 - Participants are encouraged (not required) to bring their own US Coast Guard type III approved life jacket to participate in aquatic activities

FROM <https://www.lifejacketassociation.org/life-jackets/covid-19-virus-cleaning-storing-your-pfd/>

- **Adjusting of Camp Operation Hours**
 - Camping schedules will be adjusted to reduce and/or eliminate non-emergency visitors (i.e. family nights) as well as overall sessions will be shortened to allow a workday in between to ensure that an enhanced cleaning of all of camp takes place.
- **Modification of Program Areas**
 - Where possible Camp Rainey Mountain has made classes smaller, added additional staff, and has ensured that program areas meet local, state, or federal guidelines for social distancing.
- **Adjusting Camp Capacities**
 - Camp capacities have been adjusted to meet local, state, and federal guidelines as it relates to dining in. The guidelines will be monitored and, should they

change, the camp will change accordingly. In response to this, Camp Rainey Mountain has adjusted total camping capacities to ensure that campers and staff have a quality experience given the new limitation on dining.

- **Additional Staff Training**

- It is important that the Camp Rainey Mountain staff know about the general signs of COVID-19 and prevents the spread of COVID-19. Training about COVID-19 will be conducted for all staff.
 - The onsite medical professional will have completed a formal course in identifying signs of COVID-19. All staff will attend general sessions in which identifying the signs of COVID-19 and preventing the spread of COVID-19 are discussed. Finally, all staff will attend general sessions that outline all 2021 policies towards COVID-19 prevention (i.e. cleaning, social distancing, etc.) discussed to ensure staff follow policies.

- **Modification of Visitor Policy at Camp**

- Visitors are defined as anyone who is not a youth participant, adult participant, staff, or vendor. Programs will be adjusted to eliminate non-emergency visitors (i.e. removal of family nights, guest instructors, etc.). All visitors will have a screening/temperature check as well as oximeter reading when arriving at camp along with collection and review of governmental pre-screening self-assessment. This is in addition to all other documents needed to check into camp.

- **Units Attending Camp**

- Medical Information
 - All units will need to ensure that all participants coming to camp are prepared with a pre-screening self-assessment tool and, where necessary, a doctor recommendation to attend the specific camp. The pre-screening assessment tool, done 24 hours prior to arrival on camp, will be brought to camp as part of check-in documentation, i.e. *Commitment to Transport Plan*, etc.
 - All Medical Forms are completed for all attendees (Scouts, leaders, parents, visitors, etc.)
 - All COVID-19 Screening Form are completed for all attendees (Scouts, leaders, parents, visitors, etc.) (**See Pre-Event Medical Screening in Appendix**)
 - Participants must have current medical information and must provide **BSA's annual health and medical record (AHMR)**. (**See Appendix for updated COVID-19 information**)

- **Unit Sanitization Supplies**
 - Units will be supplied necessary items and encouraged to augment those supplies by bringing approved supplies (**See approved Unit Sanitation Supply List in Appendix**)

- **Leaders Attending Camp**
 - All adults attending camp will need to meet already existing BSA requirements as it relates to medical screenings. In addition to this, they will also need to have a pre-screening self-assessment tool and, where necessary, a doctor recommendation to attend camp. The pre-screening assessment tool, done 24 hours prior to arrival on camp, will be brought to camp as part of check-in documentation.
 - All leaders will need to ensure that they have reviewed the *Camper Equipment Checklist*. In addition to this, all leaders will need to review the *2021 Supplemental Camper Equipment Checklist*. (**See Appendix for both documents.**)

- **Modification of Camp Check-In Schedule**
 - Screening and temperature checks will be taken each week on all participants and staff when arriving at camp along with the collection and review of pre-screening self-assessments. This is in addition to all other documents needed to check into camp.

- **Modification of Sick Camper Protocol**
 - Several modifications will be made in 2021 to align procedures with COVID-19 restrictions at our camp. Listed below are those new procedures which are in addition to already established procedures/requirements.
 - Temperatures for any health lodge patients at camp (during camp)
 - Anyone entering the health lodge for medical treatment, regardless of the situation, shall have screening/temperature checked prior to leaving the medical lodge.

- **Instituting Temporary Quarantine**
 - Anyone experiencing symptoms of COVID-19 and/or having an abnormal screening/temperature check and varying symptoms shall be placed in temporary quarantine at camp until the issue is resolved (recheck for normal signs, removed from camp, etc.). In addition, anyone leaving camp for any reason shall have to complete a pre-screening self-assessment tool and screening/temperature check prior to being allowed to return to normal camp activities.

- **Enhanced Cleaning in Between Each Session of Camp**

- Camping schedules will be adjusted to allow camp staff and/or adult volunteers to thoroughly clean in between weeks/sessions.
- **Review and Updating of Procedures and Communicate to Coming Sessions of Camp**
 - After each session/week of camp there will be a review by on-site staff on all newly added 2021 procedures with updates made to those procedures based on feedback from staff and, where possible, implemented by camp management.

Dynamic - Living Document

The measures above are intended to be above and beyond all current standards, measures, rules, etc. currently applicable to the associated camp type of Camp Rainey Mountain where the camp resides. The measures above are part of a living document and shall be updated as needed and approved by the necessary governing body of the council.

APPENDIX

Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potentially communicable diseases before event participation.

The intent of this checklist is to review with each youth and adult participant their current health status, both before departure and upon arrival at the event. Anyone entering a camp or event — including visitors, vendors, etc. — should be screened using this checklist.

- Yes No Have you been in contact with anyone who has COVID-19?
 Yes No Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?

If the answer is “yes” to either of these questions, the participant must stay home.

- Yes No Are you in a higher-risk category as defined by the CDC guidelines?
If the answer is “yes” to this question, we recommend that you stay home. Should you choose to participate, you must have approval from your healthcare provider and then proceed to the symptom decision tree below.

If the above answers are “no,” proceed to this symptom decision tree.

- Shortness of breath
- New or worsening dry cough
- Fever of 100.4° or greater
- Flu-like symptoms
- Vomiting
- Diarrhea
- Loss of taste or smell

NONE

- Cough
- Unexplained extreme fatigue or muscle aches
- Rash
- Sore throat
- Open sore

YES to any ONE symptom

YES to any TWO or more symptoms

THE PARTICIPANT MUST STAY HOME
These symptoms are associated with communicable diseases and the participant **MUST** stay home until medically cleared by their health care provider.

Part A: Informed Consent, Release Agreement, and Authorization

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

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

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



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Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ YES NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) _____ YES NO

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

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

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

Check here if no medications are routinely taken. If additional space is needed, please 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.

Immunization

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.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Portussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Oilier (i.e., HIR)	
<input type="checkbox"/>	<input type="checkbox"/>		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 www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	<input type="checkbox"/>	<input type="checkbox"/>	

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

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

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

Examiner's Certification

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

True	False	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If 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						
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



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