

# *National Youth Leadership Training 2013*

## **Boy Scouts of America**

San Gabriel Valley Council  
3450 Sierra Madre Boulevard  
Pasadena, California 91107  
Allan Kershaw, Program Coordinator

### **NATIONAL YOUTH LEADERSHIP TRAINING CONFERENCE INFORMATION SHEET**

#### **WHAT IS THE NATIONAL YOUTH LEADERSHIP TRAINING CONFERENCE?**

The National Youth Leadership Training Conference is a seven day, outdoor training experience for Boy Scout and Venturing youth leaders. The course design and content has been developed by the National BSA Council and is offered by your local council as a supplement to the Introduction to Leadership Skills for Troops provided by the Scoutmasters or Introduction to Leadership Skills for Crews provided by the Venture Crew Leadership.

#### **WHAT IS THE PURPOSE OF NATIONAL YOUTH LEADERSHIP TRAINING?**

The National Youth Leadership Training Conference teaches the concepts of what a leader must BE, what he must KNOW, and what he must DO. The key elements are taught with a clear focus on HOW TO. Content is delivered in a unit and group outdoor setting with an emphasis on immediate application of learning in a fun environment. The course schedule parallels the program month of a unit. Three model unit meetings, a team leaders' council meeting in the round followed by daily TLC operating sessions, an instructional campfire, and unit operation using the patrol method show how to create a productive program.

#### **HOW TO APPLY?**

The Unit Leader gives a copy of the NYLT Application Packet to each he wishes to attend. The Application packet is part of the information sent to the Unit Leader. Copies of the Application Packet may also be downloaded from the NYLT page on the Council Website (<http://sgvcbsa.org/programs/training/youth-leaders/nylt-national-youth-leadership-training>) Up to eight Scouts per unit may apply. Boy Scout applicants must be of First Class rank and 13 years old by August 1, 2013. Venturing applicants must have taken the Introduction to Leadership Skills for Crews course and be 14 years old by August 1, 2013. All applicants should be in a unit leadership position currently or will be holding a position within the next twelve months. The applicants should also have some camping, hiking and cooking skills as the conference is conducted in a camp setting. Instructions for completing the application process are detailed in the Application Packet and involve registering for the course on-line and then turning in several pages with signatures of approval and medical information.

#### **IS THE UNIT LEADER INVOLVED?**

In addition to giving the Application to those the Unit leader feels are qualified, the Unit Leader will also be involved with each participating Scout in their unit after they have completed the National Youth Leadership Training Conference. After completing the training experience, each participant will have a personal leadership vision and a plan for implementing it in the home unit. Unit leaders will work closely with these Scouts, to first approve, then counsel and evaluate their success in carrying out their plans over a six to twelve month period of time. By completing this final phase of the NYLT with their Unit leader, each Scout will be eligible to receive the Oakie Medallion Award. More information will be available at a special post-conference briefing session.

#### **WHEN AND WHERE IS THE CONFERENCE HELD?**

This year's National Youth Leadership Training Conference will be starting on August 4, 2013 at 8:00 a.m. and ending on August 10, 2013 at 10:00am at the Trask Scout Camp. The conference activities are carefully planned and build upon each experience. For this reason, it is not possible to accept a scout who cannot arrive on August 4, 2013 and stay continuously through August 10, 2013.

#### **DO PARTICIPANTS NEED A MEDICAL EVALUATION?**

Yes. The Annual Health and Medical Record form is part of the application package each Scout must fill out and turn in.

#### **WHAT PERSONAL EQUIPMENT IS NEEDED?**

A personal equipment list outlining what is needed is included in the application package given to each Scout. Please make sure the Scout and his parents look over this list so they know what equipment is allowed and what should not be brought to camp.

#### **WHAT IS THE COST?**

The conference fee is \$300.00. The fee covers the cost of food, program materials and camp fees. The staff is comprised of all volunteer youth and adult leaders.

#### **WHERE CAN WE GET ADDITIONAL INFORMATION?**

You may contact the Program Coordinator, Allan Kershaw at 626 287-7580 or email at [allan@kershaw.usc.edu](mailto:allan@kershaw.usc.edu).

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The three easy steps to National Youth Leadership Training:

- 1.** Unit Leaders will receive the Application packet.  
They should make copies and give these to the Scouts they feel should attend the NYLT Course. Copies of the Application Packet may also be downloaded from the NYLT page on the San Gabriel Valley Council website:  
[www.sgvcbasa.org/programs/training/youth-leaders/nylt-national-youth-leadership-training](http://www.sgvcbasa.org/programs/training/youth-leaders/nylt-national-youth-leadership-training)
  
- 2.** The Scout will register on-line at: [www.sgvcbasa.org](http://www.sgvcbasa.org). Click the NYLT link, follow the on-line registration process and pay the deposit of \$50.00. This will reserve a space for the Scout in the course if the course has not yet filled. If it has filled, the Scout will be placed on the wait list. The full course fee of \$300.00 may be paid at this time if desired.
  
- 3.** The Scout will have the following forms, included in the Application Packet, filled out, signed and sent in to the San Gabriel Valley Council office by July 1, 2013:
  1. NYLT Application and permission form
  2. Code of Conduct form
  3. Consent to Treat form
  4. Annual Health and Medical Record form, parts A, B, and C. All signatures on this form must be dated after August 4, 2012. Medical forms signed more than one year before the course start can not be accepted.

**These forms should be sent in only after on-line registration has be completed**

Send forms to:

San Gabriel Valley Council BSA  
Attn: NYLT  
3450 Sierra Madre Blvd.  
Pasadena, CA 91107

**All forms must be in and full Course fee of \$300.00 paid by July 1, 2013.**

# Application Packet

Dear Youth Leader,

Congratulations on being nominated by your Unit Leader to attend the National Youth Leadership Training Conference. The Conference will be held at Trask Scout Camp (see map). You need to arrive at the camp on Sunday, August 4, 2013 between the hours of 8:00 AM and 9:00 AM. The conference ends at 10:00 am on Saturday, August 10, 2013.

While attending this conference, you will have a chance to learn new leadership skills that you can use in the program of your unit. Since you are a leader – or you wouldn't have been nominated – you naturally want to know how to do your leadership job better. So, these skills will be an important part of the conference.

During the week, you and other youth leaders, Boy Scout and Venturing, from all over the council will be living, camping, and working together as members of a team and group. You will be camping in your own tent. A fine volunteer staff has been recruited to assist in the training.

Naturally, you'll want to know what to bring. There is a list of equipment that you will need as part of this packet. Please read this list carefully and note what you should and should not bring to this camp. If you have any problems with items on this list, check with your Unit Leader. He may be able to help.

To register for the course:

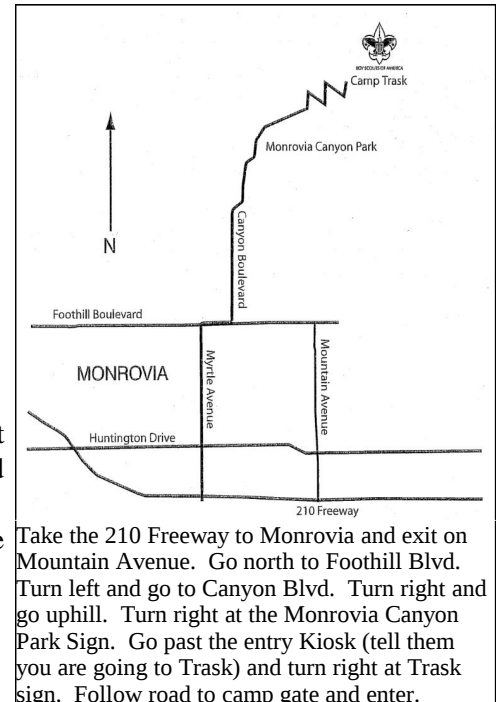
- Go on-line to [www.sgvcbbsa.org](http://www.sgvcbbsa.org) and click on the NYLT logo
- Follow the registration instructions and pay the course deposit fee of \$50. This will save a place for you in the course if it is not already full. If it is you will be placed on the wait list and notified if a space opens.
- Fill out the following forms (included with your Packet) and send them to the Council Office after completing the on-line registration.
  - APPLICATION AND PERMISSION: Signed by you, your parents and your Unit Leader.
  - CONSENT TO TREAT and CODE OF CONDUCT: Signed by you and your parents.
  - Annual Health and Medical Record: Signed by your physician, your parents and you. All signatures on this form must be dated after August 4, 2012.
  - Balance of Course fee (total fee is \$300.00) and all forms must be in to Council on or before July 1, 2013 or you will be dropped from the course.

I am looking forward to meeting and working with you at Trask. If your parents or Unit Leader have any questions, feel free to have them call me. The conference will be busy with lots of activities. For that reason, we must discourage visitors during the week. There will be a closing assembly on Saturday morning at about 9:30 that your parents are welcome to attend. Your parents or Scoutmaster will be making arrangements for your transportation to and from camp. **The Trask Camp Office phone number is (626) 358-5446. This number is to be used ONLY for emergencies.**

Yours in scouting,

*Allan Kershaw*

Allan Kershaw  
Program Coordinator, NYLT 2013  
(626) 287-7580 or [allan@kershaw.usc.edu](mailto:allan@kershaw.usc.edu)



Send all forms to:

SMISER SCOUT SERVICE CENTER  
NYLT Conference  
3450 Sierra Madre Boulevard  
Pasadena, CA 91107

# Personal Equipment Check List

## Required

- |   |   |
|---|---|
| <input type="checkbox"/> Uniform shirt(*)                     | <input type="checkbox"/> Required/prescribed medication   |
| <input type="checkbox"/> Uniform pants or shorts (2 pairs)(*) | <input type="checkbox"/> Must be in Zip-lock bag in original container with written instructions for administering and Scout's name |
| <input type="checkbox"/> Uniform stockings (3 pairs)(*)       |   |
| <input type="checkbox"/> Uniform belt and buckle(*)           |   |
| <input type="checkbox"/> Unit neckerchief                     |   |
| <input type="checkbox"/> Neckerchief slide                    | <input type="checkbox"/> Pack for overnight hike (**Required)   |
| <input type="checkbox"/> Boots suitable for hiking            | <input type="checkbox"/> Light weight tent (2 to 3 man size)  |
| <input type="checkbox"/> Change of shoes, as desired          | <input type="checkbox"/> Ground cloth (water proof)   |
| <input type="checkbox"/> Unit T-shirt                         | <input type="checkbox"/> Sleeping bag   |
| <input type="checkbox"/> Jacket                               | <input type="checkbox"/> Canteen <sup>(10)</sup>  |
| <input type="checkbox"/> Underclothing (3 set minimum)        | <input type="checkbox"/> Knife, fork, spoon, and plate (No picnic plastic. Lexan, Nylon, etc OK)                                    |
| <input type="checkbox"/> Handkerchiefs (as needed)            | <input type="checkbox"/> Flashlight, with spare batteries, bulbs <sup>(10)</sup>  |
| <input type="checkbox"/> Pajamas/sweats                       | <input type="checkbox"/> Compass <sup>(10)</sup>  |
| <input type="checkbox"/> Towels                               |   |
| <input type="checkbox"/> Wash cloth                           | <input type="checkbox"/> Personal first aid kit <sup>(10)</sup>   |
| <input type="checkbox"/> Tooth brush and paste                | <input type="checkbox"/> Ball point pen and pencil  |
| <input type="checkbox"/> Chap stick (Camp is extremely dry)   | <input type="checkbox"/> Scout knife (no sheath knives)   |
| <input type="checkbox"/> Comb                                 | <input type="checkbox"/> Sunscreen <sup>(10)</sup>  |
| <input type="checkbox"/> Watch                                | <input type="checkbox"/> Sunburn lotion   |
| <input type="checkbox"/> Swim suit. To be used to shower      |   |
| <input type="checkbox"/> Hand soap and container              |   |

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## Optional

- |   |  |
|---|--|
| <input type="checkbox"/> Musical instrument (Camp is dusty) | <input type="checkbox"/> Insect repellent              |
| <input type="checkbox"/> Pillow                             | <input type="checkbox"/> Sunglasses                    |
| <input type="checkbox"/> Moccasins/slippers                 | <input type="checkbox"/> Extra prescription eyeglasses |
| <input type="checkbox"/> Personal scouting equipment        | <input type="checkbox"/> Camera                        |
| <input type="checkbox"/> Religious books                    | <input type="checkbox"/> Field Book                    |
| <input type="checkbox"/> Sewing kit                         | <input type="checkbox"/> Shaving gear                  |

(\*) All will be in **OFFICIAL** Scout uniform. Arrive in this uniform for check-in.

**INSIGNIA** – Before arriving at camp, see that all badges and insignia are properly placed on your uniform. Remember, you represent the best of your Unit.

(\*\*)A backpack must be used for getting gear from the registration point to the camp site and for the overnight outing. **DO NOT BRING SUITCASE, DUFFEL BAG, FOOT LOCKER, OR TRUNK.**

<sup>(10)</sup> Part of your Ten Essentials

Normal equipment (stoves, pots, pans, etc.) will be provided.

## DO NOT BRING:

- Matches, lighters, or any fire starting material
- Personal electronics: Cell Phones, iPods, Radios, CD Players Video Games, etc.
- Any snacks or food
- Money: Camp Trading Post is not available

# National Youth Leader Training Conference

## Application and Permission

Please register on-line ([www.sgvbsa.org](http://www.sgvbsa.org)) before sending these forms

Here is my application for the National Youth Leadership Training Conference to be held at Trask Scout Camp from Sunday, August 04, 2013 to Saturday, August 10, 2013.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M \_\_\_/F \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Birth Date \_\_\_\_\_ Age (on August 1) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Troop/Crew \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_

I will represent my unit with honor and do all I can to pass along my knowledge and skills to my fellow Scouts.

**Boy Scout:** I certify that I am at least a First Class Scout, 13 years of age (by August 1, 2013), and a Troop youth leader capable of filling the position. **Venturing:** I certify that I have taken Introduction to Leadership Skills, will be 14 years of age (by August 1, 2013), and a Crew youth leader or capable of filling the position.

Scout's Signature \_\_\_\_\_

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### Unit Leader's Approval

Unit Leader's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

I approve of this Scout's attendance at the National Youth Leadership Training Conference and will make sure (s) he is ready to attend the conference. I look forward to his/her returning to our unit with new leadership skills.

Unit Leader's Signature \_\_\_\_\_ for Troop/Crew \_\_\_\_\_

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### Parent or Guardian Approval

I approve the attendance of my son/daughter, named above, at the National Youth Leadership Training Conference to be held at Trask Scout Camp from August 4, 2013 to August 10, 2013. I realize that (s)he must arrive before 9:00 AM, Sunday, August 4, 2013. **Late arrivals cannot be accepted.** I also realize that (s)he must remain at the camp all week, and cannot miss any part of the conference. I have read through the equipment list and understand what should and should not be brought to camp. I will have a duly authorized adult at Trask Scout Camp on Saturday, August 10, 2013 by 10:00 AM to pick up my son/daughter.

Parent/Guardian Signature \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

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The conference fee is \$300.00. The Course fee must be paid and all forms must be in to the Council office by July 1, 2013. The fee covers the cost of food, training materials, and camp fees.

# National Youth Leader Training Conference

## Authorization and Consent to Treat A Minor

Pursuant to California Civil Code Section 25.9  
Pursuant to California Civil Code Section 12552

\_\_\_\_\_  
(Name of Minor)

\_\_\_\_\_  
(Date of Birth)

The undersigned do hereby authorize National Youth Leadership Training Conference, Boy Scouts of America, or such substitute as designated as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by, and to be rendered under, the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Act or of any dentist licensed under the Dental Practice Act, which such diagnosis or treatment is rendered at the office of such physician or dentist, at the hospital, Scout Camp, or elsewhere.

This authorization will remain effective while the above minor is in route to or from, or involved or participating in any Boy Scout program or activity of the National Youth Leadership Training Conference and/or the San Gabriel Valley Council, Boy Scouts of America unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

Date \_\_\_\_\_ FATHER OR GUARDIAN: \_\_\_\_\_  
Signature

MOTHER OR GUARDIAN: \_\_\_\_\_  
Signature

WITNESS: \_\_\_\_\_  
Signature

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ DOCTOR'S PHONE: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ POLICY #: \_\_\_\_\_

IMPORTANT MEDICAL INFORMATION (ALLERGIES, MEDICATIONS, ETC):

All medications must be in Zip-Lock bag labeled with Scout's name and have written instructions for administering. Medications must be in original prescription containers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL DIETARY NEEDS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# National Youth Leader Training Conference

## Code of Conduct

All Scouts and Adult participants of the National Youth Leadership Training Conference are representatives of the community, family and local Scouting Council. Therefore, all Scouts and their parents are asked to sign this Code of Conduct and Statement of Understanding as a condition for participating with the further understanding, that serious misconduct or infraction of behavior rules may result in expulsion from the NYLT Conference. We want each Scout to be responsible for their own behavior, and only when necessary will the procedure be invoked to send a Scout home from the NYLT Conference.

ALL SCOUTS ARE EXPECTED TO LIVE BY THE BOY SCOUT OATH AND LAW / VENTURING OATH AT ALL TIMES AND TO USE THESE IDEALS AS GUIDES FOR THEIR BEHAVIOR.

- I promise on my honor as a Scout that I will set a good example by keeping myself neatly dressed and presentable. The Scout uniform will be worn at all times as designated by the Scoutmaster.
- I will be responsible for keeping my tent and personal gear labeled, clean and neat.
- I will demonstrate respect for the Course equipment, public property and will be personally responsible for cleanliness and any loss, breakage, or vandalism of property.

Serious or repetitive behavior violations by Scouts including, but not limited to, the possession or use of tobacco, alcohol, fireworks, or cheating, gambling, dishonesty, swearing, fighting, and cursing may result in the expulsion from the National Youth Leadership Training Conference. Scouts must learn to respect the rights and property of others. Remember to keep your hands to yourself. The tongue is a vicious weapon, think before you speak. Remember the golden rule, "Do To Others As You Would Have Them Do To You."

I PROMISE ON MY HONOR AS A SCOUT THAT I WILL DO MY BEST TO LIVE UP TO THE SCOUT OATH AND LAW AND AGREE TO FOLLOW THIS CODE OF CONDUCT.

SIGNATURE OF SCOUT \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

DATE \_\_\_\_\_



# Annual Health and Medical Record Registro Médico y de Salud Anual

(Valid for 12 calendar months)  
(Válido por 12 meses calendario)

## Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and B** are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and release agreement, and talent release statement is to be completed by the participant and parents/guardians. Attach a copy of both sides of your insurance card.

**Part C** is the pre-participation physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle, accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas. See the FAQs for when this does not apply.

**Part D** is required to be reviewed by all participants of a high-adventure program at one of the national high-adventure bases, as well as unit-based, high-adventure backcountry activities, and shared with the examining health-care provider before completing Part C.

- **[Philmont Scout Ranch.](#)** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 6,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- **[Northern Tier National High Adventure Base.](#)**
- **[Florida National High Adventure Sea Base.](#)** The PADI medical form is also required if scuba diving at this base.
- **[Summit Bechtel Reserve.](#)**

## Política para el uso del Registro Médico y de Salud Anual

A fin de proporcionar una mejor atención para sus miembros y para ayudarles a entender mejor sus propias capacidades físicas, Boy Scouts of America recomienda que todos aquellos que participen en un evento Scouting se sometan a un examen médico anual realizado por un prestador de servicios de salud certificado y con licencia: un médico (Doctor en medicina o Doctor en osteopatía), enfermera profesional o asistente médico. Proporcionar su información médica en este formulario de cuatro partes, ayudará a asegurar que usted cumple con los estándares mínimos de participación en varias actividades. Tome en cuenta que los líderes de unidad siempre deben proteger la privacidad de los participantes al salvaguardar su información médica.

**Las Partes A y B** las deben completar, por lo menos una vez al año, los participantes de todos los eventos Scouting. Este historial médico, notificación de consentimiento y convenio de exoneración de responsabilidad por parte de los padres/tutores, y formulario de cesión de derechos lo deben completar los participantes y los padres/tutores. Anexar una copia de ambos lados de su tarjeta del seguro.

**La Parte C** es el examen físico previo, que se requiere de los participantes de cualquier evento que exceda 72 horas consecutivas, para todos los participantes de las bases de aventura extrema, o cuando la naturaleza de la actividad es extenuante y exigente. Los proyectos de servicio o fines de semana de trabajo pueden caer en esta descripción. La Parte C la debe completar y firmar un prestador de servicios de salud certificado y con licencia: un médico (Doctor en medicina o Doctor en osteopatía), enfermera profesional o asistente médico. Es importante tomar en cuenta que los límites de estatura y peso deben ser estrictamente controlados cuando el evento llevará a la unidad a más de 30 minutos de un vehículo de emergencia, camino accesible, o cuando el programa lo requiera, tal como expediciones, actividades de aventura extrema y proyectos de conservación en áreas remotas. Consulte las Preguntas Frecuentes para cuando estos lineamientos no aplican.

**La Parte D** se requiere que la revisen todos los participantes del programa de aventura extrema en una de las bases nacionales de aventura extrema, así como actividades de aventura extrema en zonas aisladas basadas en la unidad, y que la compartan con el prestador de servicios de salud antes de completar la Parte C.

- **[Rancho Scout Philmont.](#)** Los participantes e invitados en las actividades Philmont que se realicen con acceso limitado a las zonas campestres, incluyendo la mayoría de las conferencias y programas familiares en el Centro de Capacitación Philmont, no requerirán llenar la Parte C. Sin embargo, los participantes deberán repasar la Parte D para entender los riesgos potenciales inherentes a los 6,700 pies de elevación en un ambiente seco del Suroeste. Favor de revisar la información de registro específica para la actividad o evento.
- **[Base nacional de aventura extrema Northern Tier.](#)**
- **[Base nacional marina de aventura extrema de la Florida.](#)** También se requiere el formulario médico PADI si se va a bucear en esta base.
- **[Summit Bechtel Reserve.](#)**



BOY SCOUTS OF AMERICA®

## Risk Factors

Based on the vast experience of the medical community, the BSA has identified the following risk factors that may limit your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on [www.scouting.org](http://www.scouting.org).

## Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

## Frequently Asked Questions (FAQs)

- Philmont Scout Ranch: [www.philmontscoutranch.org](http://www.philmontscoutranch.org) or 575-376-2281
- Northern Tier National High Adventure Program: [www.ntier.org](http://www.ntier.org) or 218-365-4811
- Florida National High Adventure Sea Base: [www.bsaseabase.org](http://www.bsaseabase.org) or 305-664-5612
- National Scout jamboree: [www.bsajamboree.org](http://www.bsajamboree.org)
- Summit Bechtel Reserve: [www.summitblog.org](http://www.summitblog.org) or 304-250-6750

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at [www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/).

## Factores de riesgo

Con base en la gran experiencia de la comunidad médica, BSA ha identificado los siguientes factores de riesgo que podrían limitar su participación en varias aventuras al aire libre.

- Peso corporal excesivo
- Enfermedad cardíaca
- Hipertensión (Presión arterial alta)
- Diabetes
- Convulsiones
- Falta de vacunación adecuada
- Asma
- Alergias/anafilaxia
- Lesiones musculares/óseas
- Trastornos psiquiátricos/psicológicos y emocionales

Para obtener más información sobre los factores de riesgo médicos, visite Scouting Safely en [www.scouting.org](http://www.scouting.org).

## Prescripciones

Tomar los medicamentos prescritos es responsabilidad del individuo que requiere el medicamento o del padre de familia o tutor del individuo. Un líder, después de haber obtenido toda la información necesaria, puede aceptar la responsabilidad de asegurarse de que un niño tome el medicamento necesario a la hora apropiada, pero BSA no obliga ni necesariamente anima al líder a que lo haga. Asimismo, si las leyes estatales son más limitantes, deben ser cumplidas.

## Preguntas frecuentes

- Rancho Scout Philmont: [www.philmontscoutranch.org](http://www.philmontscoutranch.org) ó 575-376-2281
- Base nacional de aventura extrema Northern Tier: [www.ntier.org](http://www.ntier.org) ó 218-365-4811
- Base nacional marina de aventura extrema de la Florida: [www.bsaseabase.org](http://www.bsaseabase.org) ó 305-664-5612
- Jamboree Scout Nacional: [www.bsajamboree.org](http://www.bsajamboree.org)
- Summit Bechtel Reserve: [www.summitblog.org](http://www.summitblog.org) ó 304-250-6750

Para consultar las preguntas frecuentes sobre este Registro Médico y de Salud Anual, consulte Scouting Safely en línea en <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. La información sobre la Ley de responsabilidad y transferibilidad de seguros médicos (HIPAA, por sus siglas en inglés) se encuentra en [www.hhs.gov/ocr/privacy/](http://www.hhs.gov/ocr/privacy/).



# Annual Health and Medical Record Registro Médico y de Salud Anual Part A/Parte A

**High-adventure base participants:  
Participantes en la base de aventura extrema:**

Expedition/crew No. \_\_\_\_\_  
Expedición/grupo no.: \_\_\_\_\_  
or staff position \_\_\_\_\_  
o puesto fijo: \_\_\_\_\_

## GENERAL INFORMATION/INFORMACIÓN GENERAL

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
Nombre \_\_\_\_\_ Fecha de nacimiento (MM/DD/Year) - (MM/DD/Año) Edad \_\_\_\_\_ Masculino Femenino

Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
Domicilio \_\_\_\_\_ Grado escolar completado (sólo niños)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código postal \_\_\_\_\_ No. telefónico \_\_\_\_\_

Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
Líder de la unidad \_\_\_\_\_ Nombre y no. del concilio \_\_\_\_\_ No. de unidad \_\_\_\_\_

Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
No. de Seguro Social (opcional; puede ser solicitado por las instalaciones médicas para brindar tratamiento) \_\_\_\_\_ Preferencia religiosa \_\_\_\_\_

Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Compañía de seguro médico/accidental \_\_\_\_\_ No. de póliza \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF YOU DO NOT HAVE MEDICAL INSURANCE, ENTER "NONE" ABOVE.  
ANEXAR UNA FOTOCOPIA DE AMBOS LADOS DE LA TARJETA DEL SEGURO. SI USTED NO TIENE SEGURO MÉDICO, ESCRIBA "NINGUNO."**

## In case of emergency, notify/En caso de emergencia, notificar a:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Nombre \_\_\_\_\_ Parentesco \_\_\_\_\_

Address \_\_\_\_\_  
Domicilio \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Mobile phone \_\_\_\_\_  
Teléfono de casa \_\_\_\_\_ Teléfono de oficina \_\_\_\_\_ Teléfono móvil \_\_\_\_\_

Alternate contact name \_\_\_\_\_ Alternate's phone \_\_\_\_\_  
Nombre de contacto alternativo \_\_\_\_\_ Teléfono del contacto alternativo \_\_\_\_\_

## HEALTH HISTORY/HISTORIAL MÉDICO

Do you currently have, or have you ever been treated for any of the following?  
¿Tiene actualmente, o ha tenido alguna vez los siguientes?

Please fill in the bubbles as indicated below:  
Por favor rellene los círculos tal como se indica a continuación:  
Incorrect:     Correct:

Yes/Sí	No/No	Condition/Padecimiento	Explain/Explique
<input type="radio"/>	<input type="radio"/>	<b>Asthma</b> Asma Last attack: (MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Último ataque: (MM/AA)	
<input type="radio"/>	<input type="radio"/>	<b>Diabetes</b> Diabetes Last HbA1c: (Percentage) <input type="text"/> <input type="text"/> . <input type="text"/> % Última HbA1c: (Porcentaje)	
<input type="radio"/>	<input type="radio"/>	<b>Hypertension (high blood pressure)</b> Hipertensión (presión alta)	
<input type="radio"/>	<input type="radio"/>	<b>Heart disease/heart attack/chest pain/heart murmur</b> Enfermedad del corazón/infarto/dolores de pecho/soplo cardíaco	
<input type="radio"/>	<input type="radio"/>	<b>Stroke/TIA</b> Apoplejía/Accidente isquémico transitorio	
<input type="radio"/>	<input type="radio"/>	<b>Lung/respiratory disease</b> Enfermedades pulmonares/respiratorias	
<input type="radio"/>	<input type="radio"/>	<b>Ear/sinus problems</b> Problemas del oído/senos paranasales	
<input type="radio"/>	<input type="radio"/>	<b>Muscular/skeletal condition</b> Condiciones musculares/óseas	
<input type="radio"/>	<input type="radio"/>	<b>Menstrual problems (women only)</b> Problemas menstruales (sólo mujeres)	
<input type="radio"/>	<input type="radio"/>	<b>Psychiatric/psychological and emotional difficulties</b> Dificultades psiquiátricas/psicológicas y emocionales	
<input type="radio"/>	<input type="radio"/>	<b>Behavioral/neurological disorders</b> Trastornos de conducta/neurológicos	
<input type="radio"/>	<input type="radio"/>	<b>Bleeding disorders</b> Enfermedades hemorrágicas	
<input type="radio"/>	<input type="radio"/>	<b>Fainting spells</b> Desmayos	
<input type="radio"/>	<input type="radio"/>	<b>Thyroid disease</b> Enfermedades de la tiroides	
<input type="radio"/>	<input type="radio"/>	<b>Kidney disease</b> Enfermedades del riñón	
<input type="radio"/>	<input type="radio"/>	<b>Sickle cell disease</b> Anemia falciforme	
<input type="radio"/>	<input type="radio"/>	<b>Seizures</b> Convulsiones Last seizure: (MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Última convulsión: (MM/AA)	
<input type="radio"/>	<input type="radio"/>	<b>Sleep disorders (e.g., sleep apnea)</b> Trastornos del sueño (por ejemplo, síndrome de apnea-hipopnea durante el sueño)	Use CPAP: <input type="radio"/> Yes <input type="radio"/> No Usa CPAP <input type="radio"/> Sí <input type="radio"/> No
<input type="radio"/>	<input type="radio"/>	<b>Abdominal/digestive problems</b> Problemas abdominales/digestivos	
<input type="radio"/>	<input type="radio"/>	<b>Surgery</b> Cirugía Last surgery: (MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Última cirugía: (MM/AA)	
<input type="radio"/>	<input type="radio"/>	<b>Serious injury</b> Lesión grave	
<input type="radio"/>	<input type="radio"/>	<b>Excessive fatigue or shortness of breath with exercise</b> Fatiga en exceso o dificultad para respirar al hacer ejercicio	
<input type="radio"/>	<input type="radio"/>	<b>Other</b> Otro	

Emergency contact No.:  
Teléfono en caso de emergencia

Allergies:  
Alergias

DOB:  
Fecha de nacimiento

Part A Full name:  
Parte A Nombre completo

**HEALTH HISTORY/HISTORIAL MÉDICO**

Are you allergic to or do you have any adverse reaction to any of the following?  
 ¿Es alérgico a, o le causa alguna reacción adversa cualquiera de los siguientes?

Please fill in the bubbles as indicated:  
 Por favor rellene los círculos tal como se indica:

Incorrect:        
 Correcto:

Yes/Sí	No/No	Allergies or Reaction to Alergias o Reacciones a	Explain Explique
<input type="radio"/>	<input type="radio"/>	Medication Medicamentos	
<input type="radio"/>	<input type="radio"/>	Food, plants, or insect bites Alimentos, plantas o picaduras de insectos	

The following immunizations are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** For each item, indicate if you have been immunized, the date of the immunization (MM/YY), if you have had the disease, and the date (MM/YY).

BSA recomienda las siguientes vacunas. **La vacuna contra el Tétanos es obligatoria y debe haberla recibido en los últimos 10 años.** Por cada punto, indique si ha sido vacunado, la fecha en que la recibió (MM/AA), si ha padecido la enfermedad, y la fecha (MM/AA).

Immunized? ¿Vacunado?		Immunizations Vacunas	Date (MM/YY) Fecha (MM/AA)	Had Disease? ¿La ha padecido?		Date (MM/YY) Fecha (MM/AA)
Yes/Sí	No/No			Yes/Sí	No/No	
<input type="radio"/>	<input type="radio"/>	Tetanus Tétano	<input type="text"/> /	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Pertussis Tos ferina		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Diphtheria Difteria		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Measles Sarampión		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Mumps Paperas		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Rubella Rubéola		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Polio Polio		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Chicken pox Varicela		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Hepatitis A Hepatitis A		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Hepatitis B Hepatitis B		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Meningitis Meningitis		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Influenza Influenza		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Other (i.e., HIB) Otra (por ejemplo, HIB)		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<b>Exemption to immunizations claimed (form required).</b> Exención de vacunas solicitada (formulario obligatorio).					

**MEDICATIONS** List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

- No medications  
Sin medicamentos
- Additional medications (sheet attached)  
Medicamentos adicionales (hoja anexa)

**MEDICAMENTOS** Enumere todos los medicamentos que usa en la actualidad. (Si requiere espacio adicional, favor de sacar una fotocopia de esta parte del formulario.) Se debe incluir información sobre inhaladores y EpiPen, incluso si son sólo para uso ocasional o en caso de emergencia.

Medication Medicamento _____ Strength Dosis _____ Frequency Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength Dosis _____ Frequency Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength Dosis _____ Frequency Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____
Medication Medicamento _____ Strength Dosis _____ Frequency Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength Dosis _____ Frequency Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength Dosis _____ Frequency Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____

Administration of the above medications is approved by (if required by your state):  
 La administración de los medicamentos arriba mencionados está aprobada por (si lo requiere su estado)

Parent/guardian signature  
Firma del padre o tutor

and/or  
y/o

MD/DO, NP, or PA signature  
Firma del Dr., Enfermera profesional, Asistente médico

**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.**

**Asegurarse de traer los medicamentos en cantidades suficientes y en los envases originales. Asegurarse de que NO ESTÉN CADUCADOS, incluyendo inhaladores y EpiPens. NO DEBE DEJAR DE tomar cualquier medicamento de mantenimiento a menos que se lo indique su médico.**

Part A Full name:   
 Parte A Nombre completo   
 DOB:   
 Fecha de nacimiento

DOB: Fecha de nacimiento  
Full name: Nombre completo

## Part B/Parte B

### INFORMED CONSENT AND RELEASE AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I 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 claims or liability arising out of this participation.

- Without restrictions./Sin restricciones.
- With special considerations or restrictions (list)/Con condiciones especiales o restricciones (lista):

I hereby assign and grant to the local council and the Boy Scouts of America 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 hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes/Si
- No/No

**High-adventure base participants:**  
**Participantes en la base de aventura extrema:**  
Expedition/crew No./Expedición/grupo no.: \_\_\_\_\_  
or staff position/o puesto fijo: \_\_\_\_\_

### NOTIFICACIÓN DE CONSENTIMIENTO Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. Asimismo, entiendo que la participación en dichas actividades es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes.

En caso de que yo, o mi hijo, nos veamos involucrados en un caso de emergencia, entiendo que se hará todo lo posible para contactar al individuo mencionado como persona a contactar en caso de emergencia. En caso de que dicha persona no pueda ser localizada, por este medio otorgo permiso al proveedor de servicios médicos seleccionado por el líder adulto a cargo para asegurar que se proporcione el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mí o mi hijo. Los proveedores médicos están autorizados a compartir información médica protegida con el adulto a cargo, el personal médico del campamento, la administración del campamento, o cualquier médico o proveedor de servicios médicos involucrado en la administración de atención médica al participante. La Información médica protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§160.103, 164.501, etc., y siguientes como se enmiendan de vez en cuando, incluye resultados de reconocimientos médicos, resultados de pruebas y tratamiento proporcionado para propósitos de evaluación médica del participante, seguimiento y comunicación con los padres o tutor del participante, y determinación de la habilidad del participante de continuar con las actividades del programa.

He considerado cuidadosamente el riesgo implicado y he dado el consentimiento para mí mismo o mi hijo de participar en dichas actividades. Apruebo que se comparta la información contenida en este formulario con los voluntarios y profesionales de BSA que necesiten tener conocimiento de condiciones médicas que puedan requerir consideración especial para la realización de actividades Scouting de manera segura.

Eximo a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda reclamación o responsabilidad que surja a raíz de esta participación.

Por este conducto asigno y otorgo al concilio local y a Boy Scouts of America el derecho y permiso para usar y publicar las fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido de mí o mi hijo realizadas en todas las actividades Scouting, y por este medio exono a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda responsabilidad por dicho uso y publicación.

Por este conducto autorizo la reproducción, venta, derechos reservados, exhibición, transmisión, almacenamiento electrónico y distribución de dichas fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido sin limitación a discreción de Boy Scouts of America, y específicamente renuncio a cualquier derecho de compensación alguna que pueda tener por cualquiera de lo anterior.

**ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:**

You must designate at least one adult. Please include a telephone number.

1. Name/Nombre \_\_\_\_\_ Telephone/Teléfono \_\_\_\_\_

2. Name/Nombre \_\_\_\_\_ Telephone/Teléfono \_\_\_\_\_

3. Name/Nombre \_\_\_\_\_ Telephone/Teléfono \_\_\_\_\_

Adults NOT authorized to take youth to and from events/Adultos NO autorizados para transportar al niño hacia y desde los eventos:

1. Name/Nombre \_\_\_\_\_ Telephone/Teléfono \_\_\_\_\_

2. Name/Nombre \_\_\_\_\_ Telephone/Teléfono \_\_\_\_\_

3. Name/Nombre \_\_\_\_\_ Telephone/Teléfono \_\_\_\_\_

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 risk advisories explained in Part D, 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.

Entiendo que, si cualquier información que he/hemos proporcionado es errónea, puede limitar o eliminar la oportunidad de participación en cualquier evento o actividad.

Si participo en Philmont, el Centro de Capacitación Philmont, Northern Tier, la Base Marina de la Florida o Summit Bechtel Reserve: También he leído y entiendo las advertencias de riesgo explicadas en la Parte D, incluyendo los requisitos y restricciones de estatura y peso, y entiendo que al participante no se le permitirá intervenir en programas de aventura extrema si dichos requisitos no se cumplen. El participante tiene permiso de intervenir en todas las actividades de aventura extrema descritas, excepto aquellas específicamente señaladas por mí o el proveedor de servicios médicos. Si el participante es menor de 18 años, se requiere la firma de el padre/madre o tutor.

DOB: \_\_\_\_\_  
Fecha de nacimiento

Participant's name/Nombre del participante \_\_\_\_\_

Participant's signature/Firma del participante \_\_\_\_\_ Date/Fecha \_\_\_\_\_

Parent/guardian's signature/Firma del padre o tutor \_\_\_\_\_ Date/Fecha \_\_\_\_\_

(if participant is under the age of 18/si el participante es menor de 18 años)

Second parent/guardian signature/Firma del otro padre o tutor \_\_\_\_\_ Date/Fecha \_\_\_\_\_

(if required; for example, CA/si se requiere; por ejemplo en CA)

**This Annual Health and Medical Record is valid for 12 calendar months.  
Este Registro Médico y de Salud Anual tiene vigencia por 12 meses calendario.**

Part B Full name: \_\_\_\_\_  
Parte B Nombre completo

# Part C/Parte C Pre-participation Physical Examen físico previo a la participación

**High-adventure base participants:  
Participantes en la base de aventura extrema:**  
Expedition/crew No. \_\_\_\_\_  
Expedición/grupo no.: \_\_\_\_\_  
or staff position \_\_\_\_\_  
o puesto fijo: \_\_\_\_\_

**TO THE EXAMINING HEALTH CARE PROVIDER**  
(Certified and licensed physicians [MD, DO], nurse practitioners, and physician assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience as described in Part D. For individuals who will be attending a high-adventure program, either unit-based or at one of the national high-adventure bases, please refer to Part D for additional information.

**PARA EL PROVEEDOR DE SERVICIOS DE SALUD QUE REALICE EL RECONOCIMIENTO** (Médicos certificados y licenciados, enfermeras profesionales y asistentes médicos)

Se les está solicitando que certifiquen que este individuo no tiene contraindicación para participar en una experiencia Scouting tal como se describe en la Parte D. Para individuos que estarán participando en un programa de aventura extrema, ya sea en la unidad o en una de las bases nacionales de aventura extrema, por favor consulte la Parte D para información adicional.

Height (inches)    .  Weight (pounds)    .  Maximum weight for height    Meets height/weight limits   
 Estatura (pulgadas)    .  Peso (libras)    .  Máximo peso para la estatura    Cumple con los límites de estatura/peso   
 Blood pressure    /    Pulse    Percent body fat (optional)    .    
 Presión arterial    /    Pulso    Porcentaje de grasa corporal (opcional)    .    
 Yes/Sí  No/No

If you exceed the maximum weight for height as explained on the next page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisers of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a hydrostatic weighing or DXA test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

Si usted excede el peso máximo para su estatura tal como se explica en la siguiente página y su actividad de aventura extrema planeada le llevará a más de 30 minutos de distancia de una vía con acceso para un vehículo de emergencia, usted **no podrá** participar. A juicio de los consejeros médicos del evento o campamento, la participación de un individuo que exceda el peso máximo para su estatura puede permitirse si el porcentaje de grasa corporal medida por el proveedor de servicios de salud determina que es 20 por ciento o menos para una mujer o 15 por ciento o menos para un hombre. (Philmont requiere que se use una prueba de peso hidrostático o de densitometría ósea para determinarlo). Por favor llame al líder del evento o del campamento si tiene preguntas. El cumplimiento de los lineamientos de estatura y peso se recomienda encarecidamente para todos los demás eventos.

**Examiner: Please fill in the information.  
Examinador: Favor de completar la información.**

Please fill in the bubbles as indicated:        
 Por favor rellene los círculos tal como se indica: Incorrecto     Correcto

	Normal Normal	Abnormal Anormal	Explain Any Abnormalities Explique cualquier anomalía	Range of Mobility Rango de movilidad	Normal Normal	Abnormal Anormal	Explain Any Abnormalities Explique cualquier anomalía
<b>Eyes</b> Ojos	<input type="checkbox"/>	<input type="checkbox"/>		<b>Knees (both)</b> Rodillas (ambas)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ears</b> Oídos	<input type="checkbox"/>	<input type="checkbox"/>		<b>Ankles (both)</b> Tobillos (ambos)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Nose</b> Nariz	<input type="checkbox"/>	<input type="checkbox"/>		<b>Spine</b> Espina	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Throat</b> Garganta	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Lungs</b> Pulmones	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Neurological</b> Neurológico	<input type="checkbox"/>	<input type="checkbox"/>		<b>Other</b> Otro	<b>Yes</b> Sí	<b>No</b> No	<b>Explain</b> Explique
<b>Heart</b> Corazón	<input type="checkbox"/>	<input type="checkbox"/>		<b>Personal or family history of heart disease</b> Historial personal o familiar de enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Abdomen</b> Abdomen	<input type="checkbox"/>	<input type="checkbox"/>		<b>Medical equipment (i.e., CPAP, oxygen)</b> Equipo médico (por ejemplo, CPAP, oxígeno)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Genitalia/hernia</b> Genitales/hernia	<input type="checkbox"/>	<input type="checkbox"/>		<b>Contacts</b> Lentes de contacto	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Skin</b> Piel	<input type="checkbox"/>	<input type="checkbox"/>		<b>Dentures</b> Dentaduras	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Emotional adjustment</b> Ajuste emocional	<input type="checkbox"/>	<input type="checkbox"/>		<b>Braces</b> Tratamientos de ortodoncia	<input type="checkbox"/>	<input type="checkbox"/>	

Tuberculosis (TB) skin test (if required by your state for BSA camp staff):  Negative/Negativo  Positive/Positivo  
 Prueba de Tuberculosis (TB) (si lo requiere su estado para personal del campamento BSA)

**Allergies/Alergias:**  No/No  Yes/Sí (explain to what agent, type of reaction, treatment/explique a qué agente, tipo de reacción, tratamiento):

**Medical restrictions to participate/Restricciones médicas para participar:**  No/No  Yes/Sí (explain/explique):

DOB: Fecha de nacimiento

Part C Full name: Parte C Nombre completo

**EXAMINER'S CERTIFICATION  
CERTIFICACIÓN  
DEL EXAMINADOR**

**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 above):**

Certifico que he revisado el historial médico, examinado a esta persona y no encuentro contradicciones para su participación en una experiencia Scouting. Este participante (con las restricciones descritas anteriormente):

Please fill in the bubbles as indicated:  
Por favor rellene los círculos tal como se indica:

**True**   **False**  
**Cierto**   **Falso**

Incorrect:      
Correcto:

- Meets height/weight requirements**  
Cumple con los requisitos de estatura/peso
- Does not have uncontrolled heart disease, asthma, or hypertension**  
No tiene cardiopatía, asma o hipertensión incontrolados
- 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**  
No ha tenido una lesión ortopédica, problemas musculoesqueléticos o cirugía ortopédica en los últimos seis meses o posee una carta de autorización por parte de su cirujano ortopédico o médico
- Has no uncontrolled psychiatric disorders**  
No tiene trastornos psiquiátricos incontrolados
- Has had no seizures in the last year**  
No ha tenido convulsiones en el último año
- Does not have poorly controlled diabetes**  
No tiene diabetes mal controlada
- If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures**  
Si tiene menos de 18 años de edad y piensa realizar buceo, no tiene diabetes, asma o convulsiones
- I have reviewed Part D for high-adventure activities.**  
He revisado la Parte D para actividades de aventura extrema.

Provider printed name  
Nombre del proveedor \_\_\_\_\_

Address  
Domicilio \_\_\_\_\_

City, state, zip  
Ciudad, estado, código postal \_\_\_\_\_

Office phone  
Teléfono del consultorio \_\_\_\_\_

Date  
Fecha \_\_\_\_\_

**Examiner signature in the box below.**  
**Firma del examinador en el recuadro de abajo.**

Height (inches) Estatura (pulgadas)	Recommended Weight (lbs) Peso recomendado (libras)	Allowable Exception Excepción permitida	Maximum Acceptance Aceptación máxima
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
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.

Esta tabla está basada en los Lineamientos dietéticos para estadounidenses del Departamento de Agricultura de los EE.UU. y del Departamento de Salud y Servicios Humanos.

**DO NOT WRITE IN THIS BOX  
NO ESCRIBA EN ESTE RECUADRO**

REVIEW FOR CAMP OR SPECIAL ACTIVITY/REVISIÓN PARA CAMPAMENTO O ACTIVIDAD ESPECIAL

Reviewed by  
Revisado por \_\_\_\_\_

Date  
Fecha \_\_\_\_\_

Further approval required    Yes    No  
Se requiere aprobación adicional   Sí   No

Reason  
Razón \_\_\_\_\_

Approved by  
Aprobado por \_\_\_\_\_

Date  
Fecha \_\_\_\_\_

Click [here](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf) for more information regarding high-adventure outings or go to [www.scouting.org/filestore/HealthSafety/pdf/part\\_d.pdf](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf).  
Haga clic [aquí](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf) para obtener más información sobre las excursiones de aventura extrema o visite [www.scouting.org/filestore/HealthSafety/pdf/part\\_d.pdf](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf).

DOB: Fecha de nacimiento

Part C Full name: Nombre completo