

CAMP SNYDER VOLUNTEER SERVICE DAYS COVID-19 Precautions



Chainsaw patch image by Patchtown.com

- **Be advised that safety precautions and protocols such as wearing masks, social distancing, frequent hand-washing, and disinfecting surfaces cannot eliminate the potential for exposure to COVID-19 or any other illness during in-person activities.**
- COVID-19 precautions align with BSA's *Restart Scouting Checklist* (attached), BSA's *Model Pre-Event Medical Screening Checklist* (attached), and the Order of the Arrow *Amangamek-Wipit Lodge #470 COVID-19 Protocols* (attached). Please become familiar with the guidelines and practices to be followed.
- Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. Anyone in a higher-risk category should stay home. An individual in the higher-risk category who chooses to participate must have approval from his or her health care provider. For a listing of underlying medical conditions that may increase the risk of severe illness from COVID-19, please see <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.
- All attendees must provide a copy of the BSA Annual Health and Medical Record (Parts A & B) (attached).
- On the day of the event, before leaving home, fill out the attached *Model Pre-Event Medical Screening Checklist* to determine whether there are any circumstances or symptoms that prevent your participation. If you come to the event, please bring the screening checklist with you.
- Upon arrival, each person's temperature will be taken, and their BSA Health and Medical Record (Parts A&B) and Pre-Event Medical Screening Checklist will be reviewed.



Restart Scouting Checklist

As always, the safety of our Scouts, volunteers, employees and communities is our top priority. This checklist outlines several minimum guiding protocols that adult leaders/volunteers must consider while working with local and state health departments, local councils, chartered organizations and Scouting families on when and how to resume meetings, service projects, camping and all other official Scouting activities.

If it is not practical to meet these minimal protocols, do not restart in-person activities.

S = Supervision

- Understand local and state guidance on preventing COVID-19 exposure.
- Engage your chartered organization and local council on necessary adjustments.
- Conduct the “before you gather” protocols.

A = Assessment

- Identify participants who fall under the CDC’s group of higher-risk individuals. Notify all participants about the risks of participating since COVID-19 exposure cannot be eliminated.
- Verify that the planned activity, gathering or group sizes are not prohibited by local or state orders.

F = Fitness and Skill

- Review Annual Health and Medical Records and consider using a [pre-event screening](#) for all participants.

E = Equipment and Environment

- Verify that handwashing, hygiene and cleaning supplies are available and used properly.
- Monitor social distancing, interactions and sharing of equipment and food among participants.
- Monitor participants for changing health conditions.
- Use the “as you gather” protocols.

SAFE ≠ Risk-Free

As the response to the pandemic shifts to a state-focused, phased approach, the Boy Scouts of America advises local councils to consult with their local and state health departments, as well as local chartered partners, to implement appropriate protocols to help keep our members, volunteers and employees safe.

Precautions and mitigation strategies are important, but they cannot eliminate the potential for exposure to COVID-19 or any other illness when in-person activities resume.

People with COVID-19 may show no signs or symptoms of illness, but they can spread the virus. Some people may be contagious before their symptoms occur. The fact is that someone with COVID-19 may pass the required health screenings and be allowed into program activities.

The Centers for Disease Control and Prevention (CDC) states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. If you are in this group, please ensure you have approval from your health care provider prior to resuming in-person Scouting activities.

Every member, volunteer and family must evaluate their unique circumstances and make an informed decision before attending in-person activities.

We hope this information will be helpful as you make that choice.

For updates, please monitor <https://www.scouting.org/coronavirus>

Before you gather:

- Consult** your council and chartered organization to understand community standards and protocols in place.
- Communicate** to all parents and youth that the Boy Scouts of America recommends that no one in the higher-risk category take part in person. Continue to engage virtually.
- Communicate** that anyone who feels sick must [stay home](#). If you become sick or develop symptoms, isolate yourself then go home and seek care.
- Educate and train** all participants on appropriate social distancing, [cleaning and disinfecting](#), [hand hygiene](#) and [respiratory \(cough or sneeze\) etiquette](#) before meeting for the first time. Periodically reinforce the behaviors as needed.
- Before attending**, upon arrival and at least daily for longer events, all participants [should be screened](#) for any of the following new or worsening signs or symptoms of possible COVID-19:
 - **Cough**
 - **Shortness of breath or difficulty breathing**
 - **Chills**
 - **Repeated shaking with chills**
 - **Muscle pain**
 - **Headache**
 - **Sore throat**
 - **Loss of taste or smell**
 - **Diarrhea**
 - **Feeling feverish or having a temperature greater than or equal to 100.0 degrees Fahrenheit**
 - **Known close contact with a person who is lab-confirmed to have COVID-19**
- As appropriate**, participants should have [face coverings](#) available to wear when gathering or when in public areas or venues. Several coverings per person may be needed.
- Communicate** that those who take part in person should avoid contact with higher-risk individuals for 14 days after the event.

As you gather:

- Minimize group sizes.** Small groups of participants who stay together all day every day, remain [6 feet apart](#) and do not share objects are at the lowest risk. Think of a den or patrol that does not mix or gather with other dens or patrols, with supervision that stays with the small group. *Scouting's [Barriers to Abuse](#) always apply.*
- Stay local** to your geographic area and groups for unit activities. If you must travel, limit mixing with others along the way.
- Minimize mixing** with parents or siblings unless they are part of the unit activity. For example, the same parent picks up and drops off youth, and stays in the car. No guests or visitors who have not been through the pre-gathering protocols and screening should take part.
- Have hand sanitizer**, disinfecting wipes, soap and water, or similar disinfectant readily available for use at meetings, activities and campouts.
- Minimize the use** of common areas and shared tools. If unavoidable, they should be thoroughly cleaned and disinfected between uses.
- Develop dining protocols** (including but not limited to):
 - No self-serve buffet meals or common water coolers.
 - Use of disposable utensils, napkins, cups and plates.
 - Clean and disinfect eating and cooking gear after each use.
- Develop tenting protocols** for the group:
 - Minimize use of fans or devices that stir the air.
 - Campers should sleep head-to-toe in bunks or cots spaced as far apart as possible.
 - Individual tents, hammocks and bivys may be considered.
- During program activities:**
 - Equipment that must be shared should be disinfected before and after each use.
 - Where possible, assign activity-related protective equipment for the duration of an event to a single individual (life jacket, gloves, harness).
 - Effective handwashing before and after each program area use.
- In case of an injury or illness**, promptly report the incident, including COVID-19 exposures. Utilize [Incident Reporting Resources](#), including COVID-19 instructions.

When you get home:

- Avoid contact** with higher-risk individuals for 14 days.
 - Monitor** for any signs of illness for 14 days, and
- Communicate** with your unit leadership should you develop symptoms.

What You Can Do If You Are at Increased Risk for Severe Illness from COVID-19

Are You at Increased Risk for Severe Illness?



Based on what we know now, those at increased risk for severe illness from COVID-19 are:

- Older adults
- People of any age with the following :
 - Cancer
 - Chronic kidney disease
 - COPD (chronic obstructive pulmonary disease)
 - Immunocompromised state (weakened immune system) from solid organ transplant
 - Obesity (body mass index [BMI] of 30 or higher)
 - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
 - Sickle cell disease
 - Type 2 diabetes mellitus

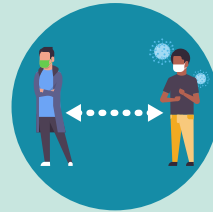
Here Is What You Can Do to Help Protect Yourself



Limit contact with other people as much as possible.



Wash your hands often.



Avoid close contact (6 feet, which is about two arm lengths) with people who are sick.



Clean and disinfect frequently touched surfaces.



Avoid all cruise travel and non-essential air travel.

Call your healthcare professional if you are sick.

For more information on steps you can take to protect yourself, see CDC's [How to Protect Yourself](#).



cdc.gov/coronavirus

Model 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.

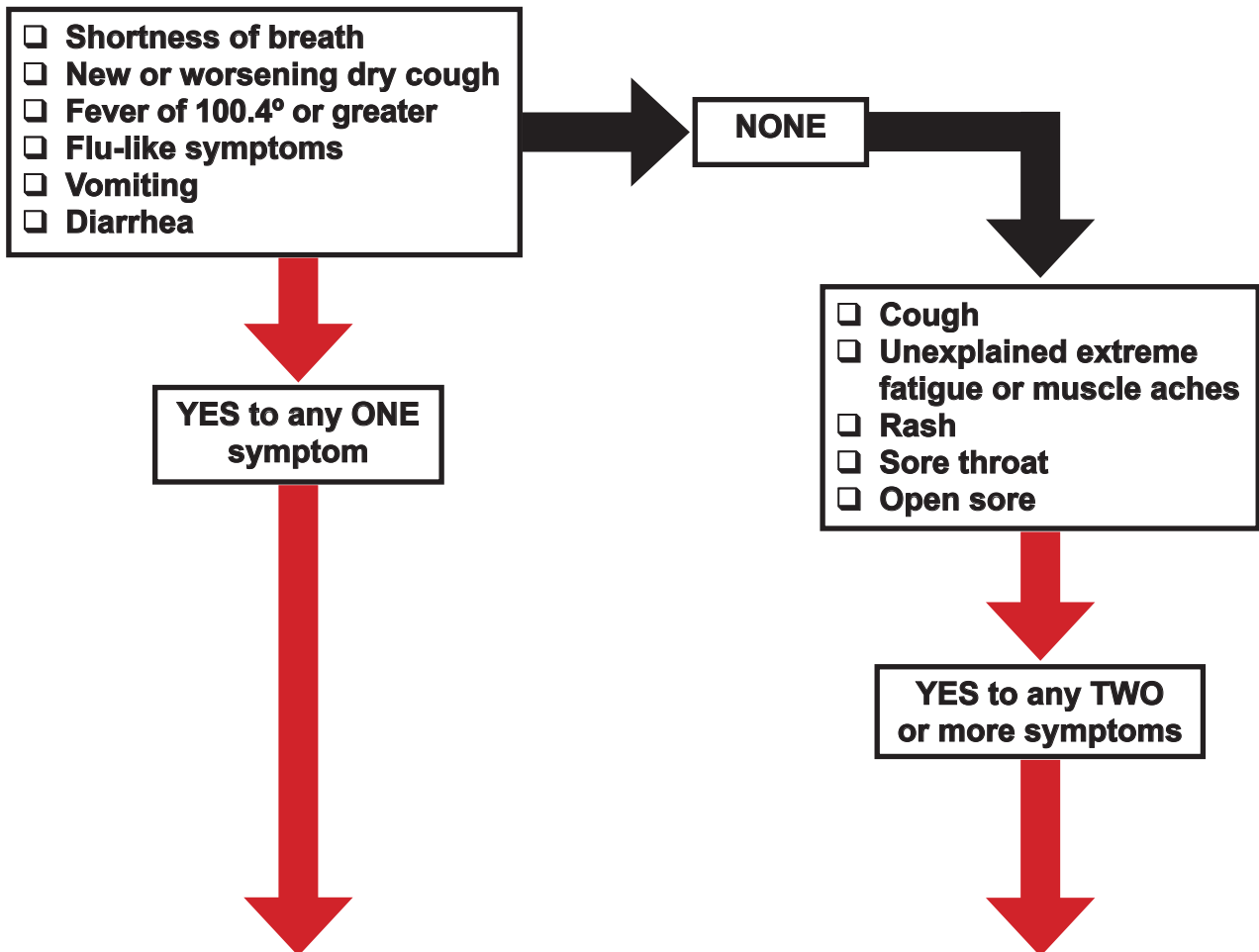
Councils should customize with input from their council health supervisor and local health department.

- Yes No Have you been in contact with anyone who has COVID-19 or is otherwise sick?
- 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.



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.



Amangamek-Wipit Lodge #470 and Chapter Activities COVID-19 Protocols (August 1, 2020)

To ensure the health and safety of participants at official OA Lodge and Chapter activities like OA meetings, service projects, and ceremonies, the Amangamek-Wipit Lodge #470 has created these guidelines that augment the [BSA SAFE Restart Scouting Checklist](#). If it is not practical to meet these guidelines, then do NOT proceed with the OA activity.

The BSA SAFE Restart Scouting Checklist and the following additional minimum guiding protocols will be shared with all attendees, their families, and staff before the activity. These guidelines do not supersede the BSA [Scouter Code of Conduct](#), [Guide to Safe Scouting](#), or [Youth Protection](#). Additional guidance from the NCAC for relaunching in-person events and meetings is [here](#).

These Amangamek-Wipit Lodge #470 and Chapter activities protocols will be updated as necessary.

- 1) **General Guidelines:** Hold virtual events whenever possible. If an in-person activity is held, observe the following guidelines:
 - a) Communicate before the activity that anyone who feels sick must stay home. Also, communicate that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. If you are in this group, please ensure you have approval from your health care provider before resuming in-person Scouting activities.
 - b) Must follow current local and state guidelines on social gatherings (i.e., social distancing, wearing of face-covering, personal hygiene practices).
 - c) Individuals and families will travel separately to and from activities, not via group transportation.
 - d) Upon arrival, each person attending will have their temperature taken. Anyone with a temperature of at least 100°F will not be allowed to participate and sent home.
 - e) For activities other than meetings, all attendees will have their [Annual Health and Medical Records](#) (Parts A & B), and [BSA Pre-Event Medical Screening](#) reviewed by an adult leader.
 - f) If someone becomes sick or develops symptoms during the activity, isolate them, then send them home to seek care. The Lodge, Chapter, or Staff Advisor must notify the Scout Executive or designee and will be responsible for completing an Incident Report (see link below, page 3).
 - g) Conduct pre-activity training about health & safety precautions, including appropriate social distancing, cleaning and disinfecting surfaces and items, hand hygiene, and respiratory (cough or sneeze) etiquette. A designated activity safety officer will provide the training. See Attachment A for training information.
 - h) Minimize group sizes, if necessary, following current local and state requirements.
 - i) Everyone attending the activity will remain six feet apart. Some tasks may require brief periods where social distancing is impossible, but these will be minimized.
 - j) Everyone attending will bring and wear a face covering at all times except when drinking or eating. If a medical condition prohibits one from wearing a face covering, the use of a face shield would be acceptable. Several face coverings per person may be needed to account for damaged or soiled face coverings. (Note: Examples of face coverings include,



Amangamek-Wipit Lodge #470 and Chapter Activities COVID-19 Protocols (August 1, 2020)

but are not limited to, a cloth-type, an “N95” (respirator), or surgical-type mask. The use of a bandana as a face covering is discouraged. If a face shield is used, it should wrap around the sides of the wearer’s face and extend to below the chin. Disposable face shields will be worn for single use only. Reusable face shields will be cleaned and disinfected after each use.)

- k) No sharing of objects.
- l) Hand sanitizer (at least 60% ethanol), disinfecting wipes, soap, and water, or similar disinfectant will be readily available for use.
- m) No singing without face coverings
- n) No interlocking of members’ hands when singing.

2) Service Project Guidelines:

- a) Minimize working group sizes to 8-10 individuals.
- b) Equipment (e.g., shovels and rakes) should be brought by each member and not be shared. If the equipment is shared, then the equipment must be disinfected before and after each use.
- c) Members will bring and wear their protective equipment (PPE) like safety glasses or goggles and gloves.
- d) Where possible, activity-related protective equipment like life jackets, gloves, or harnesses will be assigned to each person for the duration of the event.

3) Ceremonies Guidelines:

- a) Candidates, members, ceremonialists, and support staff will wear a face covering at all times. Several coverings per person may be needed to account for damaged or soiled face coverings.
- b) Ceremonialists and support staff will wear disposable non-latex gloves.
- c) Ceremony group sizes should be kept as small as possible.
- d) During a ceremony, person-to-person contact shall be kept to a minimum.
- e) More specific guidelines available in a separate ceremonial document.

4) Eating, Drinking, and Dining Guidelines:

- a) When appropriate, attendees should bring self-contained meals and drinks when possible (e.g., packed lunches, bottled water).
- b) Attendees will be provided self-contained meals and drink when necessary (e.g., pre-packaged breakfast & lunches, bottled water).
- c) Use disposable utensils, napkins, cups, and plates.
- d) There will be no self-serve buffet-style meals.
- e) Disposable gloves and face coverings must be worn during meal preparation and service for communal meals.
- f) Clean and disinfect eating and cooking gear after each use.
- g) There will be no self-service drinks (e.g., shared 5-gallon water jugs). When using a self-service beverage like a shared 5-gallon water jug, use disposable cups, and designate a person, wearing a mask and disposable gloves, to be the server.
- h) When eating, maintain at least six feet between non-related scouts and adult leaders.



Amangamek-Wipit Lodge #470 and Chapter Activities COVID-19 Protocols (August 1, 2020)

5) Latrine/Lavatory Guidelines:

- a) Limit the number of persons that use a restroom to no more than three (3) persons at a time.
- b) Cleaning of the latrine/lavatory will be conducted at least every 4 hours. See Attachment B for Latrine/Lavatory/Shower House Sanitization Checklist.

6) Tenting/Sleeping Guidelines

- a) Maintain at least six feet between campers.
- b) Campers that use tents will only sleep one person per tent unless family related.
- c) Campers may use hammocks or bivvys.

7) Emergencies:

- a) Always consider the greater risk to the immediate health and safety of scouts and adult leaders. For example, when dangerous weather arises, seek safe shelter regardless of whether the members and volunteers can maintain six feet of social distancing.

In all instances when one gets home, monitor oneself for any signs or illness for 14 days, and communicate with the lodge leadership should symptoms develop. Avoid contact with higher-risk individuals for 14 days after the event. In case of an injury or illness, promptly report the incident, including COVID-19 exposures. Utilize Incident Reporting Resources, including COVID-19 instructions. The Lodge/Chapter, staff Advisor or designee must complete a reporting form within five (5) days. Incident reporting forms can be found at www.scouting.org/health-and-safety/incident-report/.



Amangamek-Wipit Lodge #470 and Chapter Activities COVID-19 Protocols (August 1, 2020)

The Amangamek-Wipit Lodge #470 COVID-19 Protocol Working Group developed these additional minimum guiding protocols.

Reviewed and approved by the Amangamek-Wipit #470 Lodge Key 3.

Lodge Chief	Date
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Lodge Adviser	Date
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Lodge Staff Adviser	Date
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Reviewed and approved on behalf of the NCAC Enterprise Risk Management Committee.

Thomas J. McKeever Jr.	7/28/20
NCAC ERM Chair	Date

Reviewed and approved by the Supreme Chief of the Fire (Scout Executive or designee).

Craig Poland or designee	Date
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Amangamek-Wipit Lodge #470 and Chapter Activities COVID-19 Protocols (August 1, 2020)

Attachment A

Amangamek-Wipit Lodge #470 Training Information

The following CDC material will be used for training. These and other COVID-19-related information are found at www.cdc.gov/coronavirus/2019-nCoV/index.html.

What you should know about COVID-19 to protect yourself and others

Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.

Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.

Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.

Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.

Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

Stay at least 6 feet (about 2 arms' length) from other people.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash your hands.

When in public, wear a cloth face covering over your nose and mouth.

Do not touch your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

cdc.gov/coronavirus

cdc.gov/coronavirus

Cloth Face Covering Do's & Don'ts:

DO:

- ✓ Make sure you can breathe through it
- ✓ Wear it whenever going out in public
- ✓ Make sure it covers your nose and mouth
- ✓ Wash after using

DON'T:

- ✗ Use on children under age 2
- ✗ Use surgical masks or other personal protective equipment (PPE) intended for healthcare workers

cdc.gov/coronavirus



Amangamek-Wipit Lodge #470 and Chapter Activities COVID-19 Protocols (August 1, 2020)

Attachment B

Latrine/Lavatory/Shower House Sanitization Checklist

Please use bleach solution with a pump sprayer (1/3 cup bleach per gallon of water)

Toilets/Urinals

- All Toilet/Urinal Chrome (Including Flush Valve)
- Toilet Seat (Front and Back) and All Toilet Porcelain
- Partition Door Handle/Hooks
- Toilet Paper Dispenser (be careful not to get toilet paper wet)

Showers

- Shower Head and Neck
- Soap Trays and Shower Hooks
- Shower Curtain
- Water On/Off Control
- Shower Floor
- Shower Walls (Especially Front Wall)
- Benches

Sinks

- Water On/Off Controls
- All Porcelain Areas of the Sinks
- Soap Dispensers

Miscellaneous Areas

- Entrance Door Handle (Front and Back)
- Paper Towel Dispenser (be careful not to get paper towels wet)
- Light Switch (use towel for this – dampen a towel with the solution and wipe)

Notes

- Use bleach solution with a pump sprayer (1/3 cup bleach per gallon of water). Bleach solutions will be effective for disinfection for up to 24 hours.
- Use just enough solution so the area stays wet for 1 minute (do not overuse the solution)
- Pump sprayer will be labelled and marked with the proper level of bleach to water mixture
- Wear gloves and face/eye covering while cleaning

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: _____
 Phone: _____

Name: _____
 Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____
 Phone: _____

Name: _____
 Phone: _____



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



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
		Medication				Plants	
		Food				Insect bites/stings	

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

Check here if no medications are routinely taken. If additional space is needed, please 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)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

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

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____



Annual Health and Medical Record

Information and FAQs

Personal Health and the Annual Health and Medical Record



Find the current Annual Health and Medical Record by using this QR code or by visiting www.scouting.org/health-and-safety/ahmr/.

The Scouting adventure, camping trips, high-adventure excursions, and having fun are important to everyone in Scouting—and so are your safety and well-being. Completing the Annual Health and Medical Record is the first step in making sure you have a great Scouting experience. **So what do you need?**

All Scouting Events. All participants in all Scouting activities complete Part A and Part B. Give the completed forms to your unit leader. This applies to all activities, day camps, local tours, and weekend camping trips less than 72 hours. Update at least annually.

Part A is an informed consent, release agreement, and authorization that needs to be signed by every participant (or a parent and/or legal guardian for all youth under 18).

Part B is general information and a health history.

Going to Camp? A pre-participation physical is needed for resident, tour, or trek camps or for a Scouting event of more than 72 hours, such as Wood Badge and NYLT. The exam needs to be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician assistant. If your camp has provided you with any supplemental risk information, or if your plans include attending one of the four national high-adventure bases, share the venue's risk advisory with your medical provider when you are having your physical exam.

Part C is your pre-participation physical certification.

Planning a High-Adventure Trip? Each of the four national high-adventure bases has provided a supplemental risk advisory that explains in greater detail some of the risks inherent in that program. All high-adventure participants **must** read and share this information with their medical providers during their pre-participation physicals. Additional information regarding high-adventure activities may be obtained directly from the venue or your local council.

Prescription Medication. Taking 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 Boy Scouts of America does not mandate or necessarily encourage the leader to do so. Standards and policies regarding administration of medication may be in place at BSA camps. If state laws are more limiting than camp policies, they must be followed. The AHMR also allows for a parent or guardian to authorize the administration of nonprescription medication to a youth by a camp health officer or unit leader, including any noted exceptions.

Risk Factors. Scouting activities can be physically and mentally demanding. Listed below are some of the risk factors that have been known to become issues during outdoor adventures.

- Excessive body weight (obesity)
- Cardiac or cardiovascular disease
- Hypertension (high blood pressure)
- Diabetes mellitus
- Seizures
- Asthma
- Sleep apnea
- Allergies or anaphylaxis
- Musculoskeletal injuries
- Psychological and emotional difficulties



More in-depth information about risk factors can be found by using this QR code or by visiting www.scouting.org/health-and-safety/risk-factors/.

Questions?

Q. Why does the Boy Scouts of America require all participants to have an Annual Health and Medical Record?

A. The Annual Health and Medical Record (AHMR) serves many purposes. Completing a health history promotes health and awareness, communicates health status, and provides medical professionals critical information needed to treat a patient in the event of an illness or injury. It also provides emergency contact information.

Poor health and/or lack of awareness of risk factors has led to disabling injuries, illnesses, and even fatalities. Because we care about our participants' health and safety, the Boy Scouts of America has produced and required use of standardized annual health and medical information since at least the 1930s.

The medical record is used to prepare for high-adventure activities and increased physical activity. In some cases, it is used to review participants' readiness for gatherings like the national Scout jamboree and other specialized activities.

Because many states regulate the camping industry, the AHMR also serves as a tool that enables councils to operate day and resident camps and adhere to Boy Scouts of America and state requirements. The Boy Scouts of America's AHMR provides a standardized mechanism that can be used by members in all 50 states.



For answers to more questions, use this QR code or visit the FAQ page at www.scouting.org/health-and-safety/resources/medical-formfaqs/.



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