

BSA Medical Forms WFA Requirements COVID Mitigation @Philmont

NCAC HAC Training Session I
November 21, 2021
John Blackwell



BSA Medical Forms

- **Must use Current (2019) Edition**
 - for Philmont High Adventure Base
 - <https://www.philmontscoutranch.org/philmonttreks/healthform/>
- **4 Parts:**
 - A (Consent, 1 pg)
 - B (Health History, 2 pg)
 - C (Physical Exam, 1 pg)
 - Risk Advisory (2 pg, give to examiner)



Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____
Date of birth: _____

High school or home participation:
Registration No.: _____
or child number: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Shooting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. I understand that these activities may be obtained from the various, publicly accessible, or otherwise stated. I also understand that participants in these activities may be voluntarily and require 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 on the emergency contact person by the resident provider or other adult leader. In the event that it is deemed correct to proceed, permission is hereby given to the resident provider assisted by the adult leader to change in certain proper treatment, including transportation, medication, surgery, or if judged of immediate for me or my child. Medical permission are not related to the above provided health information in the which is change, care; medical staff, emergency management, under any physician or health-care provider located in providing medical care to the participant. Federal Health Information Privacy Act (HIPAA), 45 C.F.R. §§164.502, 164.504, etc., etc., as amended from time to time, includes restrictions on the release, use, and disclosure of protected health information of the participant, 18-year-old and younger children who participate in the program or activities, and the determination of the participant's ability to exercise in the program activities.

If applicable I have carefully considered the risks involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the staff of the organization on this form with my BSA web address or permission who shall be holder of a medical condition that may require special consideration in conducting the activity.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf or on behalf of my child, I hereby fully and completely release and defend any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the unit, its organization, and its 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 and other information generated as a result of any and all activities of the participant, including the participant's name, address, telephone number, and all emergency information, medical condition, or other information associated with the activity from any and all sources from such as not published. I further authorize the organization, with my right, child, broadcast, electronic storage, or other distribution of all photographs and other information generated as a result of any and all activities of the participant at the discretion of the BSA, and I specifically waive my right to my compensation I may have for any of the foregoing.

Every person who finishes any BSA activity in any way, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 26102) My signature below on this form indicates my permission.

I give permission for my child to use a BSA device. (Please list all events will include BSA devices)

Shooting this has indicated you are NOT using your child in any BSA device.

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot automatically monitor occurrences of program participation or any information released upon them by parents or medical providers. However, on that history may be an incident or possible with my participation, history may be based on a child participation connection with program or activities below.

List participant activities, if any:

None

I understand that if any information has been provided to me to be accurate. If any that, either obtains the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Ironhorse Inn, Sun Peak, or the Summit Scout House, I have also read and understand the requirements that activities, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-altitude programs if those requirements are not met. The participant has permission to engage in all high-altitude activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 16, 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 16)

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: _____



444-311
WEB FORM



Part B1: General Information/Health History

B1

Full name: _____ High-adventure base participant
 Registration No.: _____
 or email address: _____

Date of birth: _____
 Age: _____ Gender: _____ Height (inches): _____ Weight (lbs): _____
 Address: _____
 City: _____ State: _____ ZIP code: _____ Phone: _____
 Unit leader: _____ Unit leader's address: _____
 Council identifier: _____ Unit No.: _____
 Health/accident insurance Company: _____ Policy No.: _____

Please attach a photograph of both sides of the tenting card, if you do not have tenting insurance, mark "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	Comments	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last blood a percentage and date: _____ Insulin pump? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart abnormality (abnormal pulse or rhythm)? List any surgery or any classes. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Autoimmune chronic disease	Last medical date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory/chronic problems	
<input type="checkbox"/>	<input type="checkbox"/>	Menstrual/obstetrical problems or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Allergic diseases	
<input type="checkbox"/>	<input type="checkbox"/>	Epistaxis/nasal/sinusitis or ear/nose/throat infection	
<input type="checkbox"/>	<input type="checkbox"/>	Immunological/autoimmune disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Mental disorders/behavioral and issues	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last medical date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Autoimmune/chronic/immune problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Cholesterol and/or metabolic disorders	ESG's Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	



400-261
myBSA.org

Part B2: General Information/Health History

B2

Full name: _____ High-adventure base participant
 Registration No.: _____
 or email address: _____

Date of birth: _____
 DO YOU HAVE AN ALLERGIC REACTION? YES NO
 ALLERGENS: Exp. date (if any) _____
 DO YOU HAVE AN ASTHMA DIAGNOSIS? YES NO
 BRONCHODILATOR: Exp. date (if any) _____

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

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

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	Notes

YES NO Do you currently take medication administered with these exceptions: _____
 Administration of the above medications is approved for youth by: _____
 Physician/Physician Assistant _____ MD/DO, NP, or PA (provide full name and credentials)

Bring enough medication 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 medications unless instructed to do so by your doctor.

Immunization

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

Yes	No	Had Disease	Immunization	Year(s)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningococcal	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Measles A	
<input type="checkbox"/>	<input type="checkbox"/>		Measles B	
<input type="checkbox"/>	<input type="checkbox"/>		Mumps	
<input type="checkbox"/>	<input type="checkbox"/>		Scarlet	
<input type="checkbox"/>	<input type="checkbox"/>		Morax (M, MR)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemptions to immunizations (none required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.
 Return to camp or special activity.
 Released by: _____
 Date: _____
 Further approval required? No Yes
 Reason: _____
 Approved by: _____
 Date: _____



400-261
myBSA.org



Part C: Pre-Participation Physical

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

C

Full name: _____

Date of birth: _____

High-adventure base participant:

Registration No.: _____

or club number: _____

4 You are being asked to verify that you are eligible to participate in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the Supplemental Information on the following pages or the form provided by your product. You can also visit www.scouting.org/health-and-safety/health to view this information online.

Please fill in the following information:

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

Yes	No	Allegation or Condition	Explain	Yes	No	Allegation or Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Pain	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Food allergies	

Height (inches)	Weight (lbs)	MM	Blood Pressure	Pulse

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ear/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/urine	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Other Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Examiner's Certification

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

Yes	No	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an allergic reaction, uncontrolled condition, or respiratory emergency in the last six months or undergone a heart or lung disease in the last six months.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no asthma in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If planning to scuba dive, does not have diabetes, asthma, or asthma.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight by height or weight in the following chart and your planned high-adventure activity will take you more than 40 miles away from an emergency vehicle, you may not be allowed to participate.

Maximum weight by height

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
49	100	55	160	70	220	76	260
50	120	56	161	71	225	77	265
51	140	57	162	72	230	78	270
52	160	58	163	73	235	79	275
53	180	59	164	74	240	80	280
54	200	60	165	75	245	81	285
55	220	61	166	76	250	82	290
56	240	62	167	77	255	83	295
57	260	63	168	78	260	84	300
58	280	64	169	79	265	85	305
59	300	65	170	80	270	86	310
60	320	66	171	81	275	87	315
61	340	67	172	82	280	88	320
62	360	68	173	83	285	89	325
63	380	69	174	84	290	90	330
64	400	70	175	85	295	91	335
65	420	71	176	86	300	92	340
66	440	72	177	87	305	93	345
67	460	73	178	88	310	94	350
68	480	74	179	89	315	95	355
69	500	75	180	90	320	96	360
70	520	76	181	91	325	97	365
71	540	77	182	92	330	98	370
72	560	78	183	93	335	99	375
73	580	79	184	94	340	100	380
74	600	80	185	95	345	101	385
75	620	81	186	96	350	102	390
76	640	82	187	97	355	103	395
77	660	83	188	98	360	104	400
78	680	84	189	99	365	105	405
79	700	85	190	100	370	106	410
80	720	86	191	101	375	107	415
81	740	87	192	102	380	108	420
82	760	88	193	103	385	109	425
83	780	89	194	104	390	110	430
84	800	90	195	105	395	111	435
85	820	91	196	106	400	112	440
86	840	92	197	107	405	113	445
87	860	93	198	108	410	114	450
88	880	94	199	109	415	115	455
89	900	95	200	110	420	116	460
90	920	96	201	111	425	117	465
91	940	97	202	112	430	118	470
92	960	98	203	113	435	119	475
93	980	99	204	114	440	120	480
94	1000	100	205	115	445	121	485
95	1020	101	206	116	450	122	490
96	1040	102	207	117	455	123	495
97	1060	103	208	118	460	124	500
98	1080	104	209	119	465	125	505
99	1100	105	210	120	470	126	510
100	1120	106	211	121	475	127	515
101	1140	107	212	122	480	128	520
102	1160	108	213	123	485	129	525
103	1180	109	214	124	490	130	530
104	1200	110	215	125	495	131	535
105	1220	111	216	126	500	132	540
106	1240	112	217	127	505	133	545
107	1260	113	218	128	510	134	550
108	1280	114	219	129	515	135	555
109	1300	115	220	130	520	136	560
110	1320	116	221	131	525	137	565
111	1340	117	222	132	530	138	570
112	1360	118	223	133	535	139	575
113	1380	119	224	134	540	140	580
114	1400	120	225	135	545	141	585
115	1420	121	226	136	550	142	590
116	1440	122	227	137	555	143	595
117	1460	123	228	138	560	144	600
118	1480	124	229	139	565	145	605
119	1500	125	230	140	570	146	610
120	1520	126	231	141	575	147	615
121	1540	127	232	142	580	148	620
122	1560	128	233	143	585	149	625
123	1580	129	234	144	590	150	630
124	1600	130	235	145	595	151	635
125	1620	131	236	146	600	152	640
126	1640	132	237	147	605	153	645
127	1660	133	238	148	610	154	650
128	1680	134	239	149	615	155	655
129	1700	135	240	150	620	156	660
130	1720	136	241	151	625	157	665
131	1740	137	242	152	630	158	670
132	1760	138	243	153	635	159	675
133	1780	139	244	154	640	160	680
134	1800	140	245	155	645	161	685
135	1820	141	246	156	650	162	690
136	1840	142	247	157	655	163	695
137	1860	143	248	158	660	164	700
138	1880	144	249	159	665	165	705
139	1900	145	250	160	670	166	710
140	1920	146	251	161	675	167	715
141	1940	147	252	162	680	168	720
142	1960	148	253	163	685	169	725
143	1980	149	254	164	690	170	730
144	2000	150	255	165	695	171	735
145	2020	151	256	166	700	172	740
146	2040	152	257	167	705	173	745
147	2060	153	258	168	710	174	750
148	2080	154	259	169	715	175	755
149	2100	155	260	170	720	176	760
150	2120	156	261	171	725	177	765
151	2140	157	262	172	730	178	770
152	2160	158	263	173	735	179	775
153	2180	159	264	174	740	180	780
154	2200	160	265	175	745	181	785
155	2220	161	266	176	750	182	790
156	2240	162	267	177	755	183	795
157	2260	163	268	178	760	184	800
158	2280	164	269	179	765	185	805
159	2300	165	270	180	770	186	810
160	2320	166	271	181	775	187	815
161	2340	167	272	182	780	188	820
162	2360	168	273	183	785	189	825
163	2380	169	274	184	790	190	830
164	2400	170	275	185	795	191	835
165	2420	171	276	186	800	192	840
166	2440	172	277	187	805	193	845
167	2460	173	278	188	810	194	850
168	2480	174	279	189	815	195	855
169	2500	175	280	190	820	196	860
170	2520	176	281	191	825	197	865
171	2540	177	282	192	830	198	870
172	2560	178	283	193	835	199	875
173	2580	179	284	194	840	200	

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

Phone: 575-379-2261 Website: www.philmontscoutranch.org

Philmont Scout Ranch Experience. The Philmont experience is not risk-free; however, by taking responsibility for one's own health and safety, and cooperating with staff, it's expected that most participants will have an enjoyable, safe Philmont experience.

Please call Philmont at 575-379-2261 if you have any questions. All participants and parents should review all materials and notices related to the experience they are planning to have at Philmont Scout Ranch.

Risk Advisory. Participants at Philmont should be physically fit, have proper clothing and equipment, be willing to follow instructions, work as a team with your crew, and take responsibility for your own health and safety. Each crew is required to have at least two members trained in wilderness first aid and CPR.

All staff members are trained in first aid and CPR. They can assist participants in recognizing and responding to accidents, injuries, and illnesses. However, rescue teams are affected by location, terrain, weather, or other circumstances and could be delayed for hours or even days in a wilderness setting.

Barometric/altimeter charts can include temperatures from 80 to 100 degrees, low humidity (20% to 30%), and frequent, sometimes severe, thunderstorms. For summer trails:

- Each participant must be able to carry 25% to 35% of their own body weight.
- Each participant must be able to hike 5 to 12 miles per day in a mountain wilderness.
- Elevations range from 6,500 to 12,000 feet over trails that are steep and rocky.

Dependent upon the Autumn Adventure itinerary, similar expectations are in effect.

During a Winter Adventure experience:

- Each participant will walk, ski, or snowshoe along snow-covered trails getting loaded toboggans or sleds for up to 8 miles (or more on a cross-country ski trail).
- Winter climate conditions can range from -20 to 80 degrees.

Food. If the diet described in the Guidebook to Adventure does not meet the participant's special dietary needs, contact Philmont directly. Visit the [wilderness dining page](#) for sample menus and menu instructions.

Immunizations. Each participant must have received a tetanus immunization within the last 10 years. Immunization against contagious disease is strongly recommended (including MMR, varicella, hepatitis A and B, and meningococcal disease). Participants who do not have immunizations because of medical issues or personal religious beliefs in accordance with New Mexico state law must complete a [Philmont Immunization Exemption Request Form](#).

Allergy or Anaphylaxis. People who have had an anaphylactic reaction from any cause will be required to have appropriate treatment (i.e., at least one epinephrine auto-injector) in sufficient quantity to last the entire trip. All members of the crew should know how to administer the auto-injector. If you do not bring an epinephrine auto-injector with you, you will be required to purchase one before you will be allowed to participate.

Philmont Scout Ranch

Medication. Each participant who needs medication must bring enough medicine for the duration of the trip. Be aware that insulin/food/activities, etc., can affect a medication's efficacy. It is not uncommon for participants to see more medication (particularly insulin and antibiotics) than anticipated due to unanticipated conditions faced on the trail.

Seizures (Epilepsy). The seizure disorder must be well-controlled by medication. A well-controlled disorder by one in which all seizures have passed without a seizure. Individuals with seizure conditions should familiarize others with signs and symptoms in the event that a seizure occurs in the backcountry.

High Blood Pressure. Upon arrival at Philmont, all adult participants may have their blood pressure checked. People diagnosed with hypertension should have controlled blood pressure before arriving Philmont and should continue their medications to keep the blood pressure at or near normal levels. Those individuals with a blood pressure consistently greater than 160/95 at Philmont may be kept off the trail.

Diabetes Mellitus. Participants with diabetes can have a successful Philmont experience by good planning prior to their trip. Both the person with diabetes and others in their crew or group need to be able to recognize signs of excessively high or low blood sugar. An insulin-dependent person who was diagnosed or had a change in delivery system (e.g., insulin pump) or change in the last six months is advised to consult with their physician before participating.

Asthma. Asthma must be well-controlled before participating at Philmont. Well-controlled asthma is defined as:

- The use of a rescue inhaler (albuterol) fewer than two times per week (except use for the prevention of exercise-induced asthma); weakened by asthma symptoms less than two times per month.
- Well-controlled asthma may include the use of long-acting bronchodilators, inhaled steroids, or oral medications such as Singulair.

You may not be allowed to participate if:

- You have asthma not controlled by medication; or
- You have been hospitalized/gone to the emergency room to treat asthma in the past six months; or
- You required treatment by oral steroids (prednisone) in the past six weeks.

All members of the crew should know how to assist in administering the rescue inhaler and where the inhaler is located. Any person who has avoided treatment for asthma in the past three years must carry a rescue inhaler on the trip. If you do not bring a rescue inhaler, you must purchase one before you will be allowed to participate.



800-351-5699
505-379-4999



Wilderness First Aid (WFA) Requirements

- **16-hour BSA approved course (e.g., ARC, ECSI)**
 - Usually run over a weekend
 - See DC Metro area providers handout
- **Current CPR certification required for WFA**
 - Often run in conjunction with WFA course (Fri or Sat night)
 - Separate fee
- **PHILMONT requires TWO (2) crew members**
 - Consider one adult and one Scout
- **Plenty of courses offered**
 - Do NOT wait until June...!



WILDERNESS FIRST AID VENDORS LIST

BSA has identified providers recognized by the following three organizations as meeting the BSA's requirements for WFA training: (1) [American Red Cross \(ARC\)](#), (2) [Emergency Care & Safety Institute \(ECSI\)](#), and (3) providers accredited by the American Camp Association (ACA) under the ACA's standard "[HW.2.2/ST.3.2 First Aid & Emergency Care Personnel](#)". Here is a list of WFA course providers in the DC Metropolitan area known to meet these standards:

PRACTITIONERS:

Campaign Pay It Forward (ARC)

www.campaignpayitforward.com – info@campaignpayitforward.com

Center for Wilderness Safety (ACA)

www.wildsafe.com – (855) 505-1700 or (703) 444-9458 - Cliff Castleman

Emergency Response Training (ECSI)

www.onthetrailfirstaid.com - (410) 456-6861 - Saleena DeVore

Emergency Training Resources (ECSI)

www.ETRsafety.com – (703) 771-6092 - Larry Newell - larry.newell1@gmail.com

MEDIC SOLO Disaster + Wilderness Medical School (ACA)

www.solowfa.com - (434) 465-8733 - Matt Rosefsky - matt@solowfa.com

NOLS and REI-Washington DC (ACA)

www.rei.com/event/wilderness-first-aid-with-nols-and-rei/washington-dc/180383

Outdoor Preparedness Initiative-NCAC (ARC)

www.ncachsa.nrg/ncpi-wfa - Jonathan Bjorson - jonathan.bjorson@gmail.com

Wilderness Safety Council (ACA)

www.wfa.net - (703) 836-8905 - Chris Tate

OTHERS:

Troop 1430 – South Riding VA (ECSI)

Dallas Cecil - dkcecil@earthlink.net - (571) 969-1592

Offers classes in the evenings at low cost.

Troop 420 – Leonardtown MD (ECS)

Richard Price - richiebob2@gmail.com - (301) 884-8962

Offers classes as needed.

Venturing Crew 80 – Alexandria VA (ARC)

Michael Martin (Associate Advisor) - CPRAEDFAWRFA@comcast.net

Periodically offers Wilderness and other First Aid classes at reduced rates.

REGISTER FOR ALL CLASSES ON THE VENDORS' WEBSITE



COVID Mitigation @Philmont

- **Mitigation Procedures Remain >'21**
 - Complete Vax or Neg Test w/in 3-7 days
 - Masking, social distancing & cohort guidance
 - Contact tracing
- **3 Forms Req'd:**
 - Pre-Screening
 - Consent
 - Code of Conduct



HINTS on FORMS

- PHILMONT GATEWAY
 - Lead Advisor's Crew "Portal"
 - Enter crew roster, upload forms
- BRING HARD COPIES OF MED FORMS,
TRAINING CERT'S

