From: Troop 71 Info [info@troop71.info]
Sent: Wednesday, April 15, 2015 7:49 AM
To: troop71bsa-donotreply@yahoo.com
Subject: Fwd: Camp Tomahawk News Blast #3: Med Forms, OTC Form andActivity Release Form
Attachments: BSA_T71_OTC_Meds_Form.pdf; Activity_Consent_Form.pdf; BSA Med Form.pdf

---------- Forwarded message ----------
From: "Ann Lundberg" <ann.lundberg5@gmail.com>
Date: Apr 14, 2015 5:28 PM
Subject: Camp Tomahawk News Blast #3: Med Forms, OTC Form and Activity Release Form
To: "Evan James" <scoutmaster.troop71@gmail.com>
Cc:

Hi all,

For those parents who wanted to go to camp, your wish has been granted! All of the parents that signed up have been approved. You and your scout will both need a BSA Medical Form filled out and signed by a Dr.(Yeah, adults get to have a physical too). Please make sure you make a copy of your Medical Insurance card when turning your Med forms in. I will need a registration form filled out for all parents going to camp and please circle your T-shirt size. Camp fee for adults is $260.

I will also need all parents to fill out the Troop 71 Over-The-Counter form and an Activity Release form for your scout. I will have some copies with me at the parents meeting.

Thanks,

Kyle and Ann Lundberg

BSA TROOP 71, Beavercreek, Ohio

Over The Counter (OTC) Medication Authorization

This form authorizes registered adult leaders of Boy Scout Troop 71 to dispense over-the-counter (OTC) (i.e., non-prescription) medications to scouts under their supervision if, in the leader's judgment, it is appropriate. Execution of this form is voluntary; however, under BSA policy, adult leaders are prohibited from dispensing medications to scouts without parental approval. If this authorization is not provided, no medications of this type will be given to your son unless you can be contacted to give specific permission. **THIS FORM IS NOT FOR PRESCRIPTION OR REGULARLY ADMINISTERED MEDICATIONS.** If your son needs to take prescription medications at a scout function, a separate form is available for that purpose. Please see FAQ on reverse for additional information.

Name of Scout (Last, First):	**Age**	**Date of Birth** (mm-dd-yyyy)

DRUG ALLERGIES: Please list all drug allergies. ☐ No known drug allergies _____ (Parent/Guardian initials)

AUTHORIZATION: READ CAREFULLY. I hereby authorize any registered adult leader of Boy Scout Troop 71 ("Leader") to dispense to my above-named son the medicines indicated by my initials below, or if I initial the first line, all medications listed. Unless stated otherwise in the limitations/special instructions sections below, these medicines may be administered at the discretion of a Leader for causes or conditions indicated on the labeling for the product, in the dosages stated on the labeling for a boy of the age/size of my son. This authorization shall remain valid for one year from the date of signing shown below.

Initials	**Medication**	**Limitations/Special Instructions** (if needed, continue on separate sheet)
	☐ I authorize all OTC medications below to be administered to my child.	
	Pain relief. Acetaminophen (Tylenol® and generics); ibuprofen (Motrin®, Advil® and generics) ; Naproxen Sodium (Aleve® and generics)	
	Loperamide. For diarrhea. (Imodium® and generics)	
	Diphenhydramine Hydrochloride. Histamine blockers for allergic reactions. (Benadryl® and generics)	
	Antacids. Calcium Carbonate, Magnesium Hydroxide and/or Aluminum Hydroxide (Tums®, Rolaids®, Mylanta®, Maalox® and other antacids contain some or all of these substances and in some cases other ingredients, such as gas reducers.)	Some of these products not labeled for children under 12 years old. Dispense products with label limitations anyway? YES ☐ NO ☐
	Bismuth Subsalicylate. For heartburn, upset stomach (Pepto-Bismol®, Kaopectate® and generics)	Not labeled for children under 12 years old. Dispense anyway? YES ☐ NO ☐
	Motion Sickness Remedies. Dimenhydrinate (Dramamine®), Meclizine hydrochloride (Bonine® Antivert® Dramamine II®)	Meclizine hydrochloride not labeled for children under 12 years old. Dispense anyway? YES ☐ NO ☐
	Topical "first aid" products. Antibiotics and topical pain relievers (Neosporin®, Bactine®, and generics).	
	Topical antiseptics and scrubs. Povidoneiodine (Betadine® and generics), alcohol, Chlorhexidine (Hibiclens®), and hydrogen peroxide.	
	Topical Burn/Sunburn Relief Products. Creams and gels, including aloe vera and other products labeled as providing relief for minor burns/sunburns.	
	Topical Itch Relief. Hydrocortisone (Cortaid® and generics); Diphenhydramine Hydrochloride (Benadryl® Itch Relief and generics); Calamine lotion	
	Topical Medicated Powders. Itch and minor pain relief (Ingredients include menthol, zinc oxide talcum powder, corn starch, etc.)	
	Swimmer's Ear Prevention Drops. Alcohol/Vinegar mixture and similar products.	
	Topical Bite/Toxin neutralizers. Meat tenderizer, AfterBite® etc. May contain ammonia, baking soda papain, vinegar and/or other ingredients to neutralize toxins.	
	Tincture of Benzoin. Used on skin adjacent to cuts to improve adhesion of bandages or steri-strips®	

I certify that I have read and understand this document and that I have the authority as a parent or guardian of the above-named scout to authorize the administration of OTC medications authorized above.

Printed Name	Date	Signature

Contact Phone Number(s)

Home	Work	Cell	Other

FREQUENTLY ASKED QUESTIONS

- **Why am I being asked to sign this form?** The Boy Scouts of America prohibits registered Adult leaders (Scoutmaster, Assistant Scoutmasters, Committee Members, etc.) from administering any medication whatsoever to a scout without parental permission. Experience has shown that from time to time, scouts will need first aid or medication for minor conditions. Signing this form provides that permission without making us find you first.
- **What if I don't sign?** Signing the form is entirely voluntary. If you choose not to, your son will not be given any type of medicine without your express permission. For example, if your son has sunburn, we will not be able to give him anything for it until we contact you. Sometimes, we are out of communication range, or even though within range, are unable to reach a parent. So, that means that needed medication could be delayed or prevented altogether, prolonging discomfort for your son. In some cases, as with bite toxin neutralizers, prompt administration is essential for the medication to have effect.
- **Who decides whether my son needs something?** This form gives any registered adult leader of the troop permission to give medication to your son. It is the practice of the troop for the Scoutmaster or other adult leader in charge of an event to be consulted in the event of illness or injury to a scout, but other registered leaders may use their discretion to administer medications when the leader in charge is not readily available. This form does not give permission for any parent who may be attending an event to give medication to your son. It is restricted to registered adult leaders.
- **What does "topical" mean?** That is something that is applied on the surface (e.g., skin) rather than taken internally, such as pills or chewable medicines.
- **What about products not labeled for children under 12?** Some products, such as Pepto-Bismol®, contain ingredients the FDA has determined should not be given to children under 12 without consulting a physician. If your child is under 12, we will not dispense these medicines unless you check the box or insert a special instruction saying that it is okay.
- **What if I want a call first?** If you want a call before any medication is given to your son, don't sign the form. If you want a call for some situations but not others, for example, no call for triple antibiotic ointment for a scraped knee, but want a call before your son is given an histamine blocker such as Benadryl®, make a note to "call first" in the limitations/special instructions section for that medication.
- **What if I want a reduced dosage from what is on the label?** Please note this in the limitations/special instructions section for that medication.
- **How do you know my son really needs medication?** Sometimes we don't know for sure. From time to time, boys will report both real and imaginary ailments. For example, headaches may be the result of dehydration or sunburns. A scout may also complain of a headache simply because he's homesick. While we, the Leaders, will seek to determine and address the source of the symptoms, most of us are not doctors or mind readers and must rely on our first aid training, experience and judgment. If a boy reports a headache and you have authorized acetaminophen, we may give him a dose, even if we are unable to objectively verify he has a headache or determine a potential cause, to see if that solves the problem. If it does not and the complaint persists, we will call a parent.
- **What if my son is really sick or hurt?** Expect a call. If a boy has a fever, vomiting or other significant symptoms or injuries, we will call a parent and/or seek appropriate professional medical care in accordance with the other medical authorizations you have executed. Again, this form is only for over-the-counter medications.
- **My son has an inhaler for asthma attacks or takes prescription medicine. Is this the form for that?** NO. This form is for unanticipated needs for over-the-counter medicine. If your son has regularly prescribed medication that must be administered during a scouting activity, or on an as needed basis, you need to provide the medication and a separate permission/instruction sheet (the BSA Medical Form) to the adult leader in charge of the event when you drop off your son. Please do not give it to any adult going on the trip or to your son to turn in. **To ensure proper accountability and that your son gets the prescription medication(s) he needs, you must turn in the medication and form to the adult leader in charge or the adult leader expressly assigned responsibility for medications.**
- **What if a medication is not on the list?** If the medication, its generic, or its category is not on the list, we will not give it to your son without calling you. If you think we missed something that should be on the list, please let us know.
- **What if I still have questions?** Please talk to the Scoutmaster, Assistant Scoutmaster, or Committee Chairperson.

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying plans and should be attached to the flying plan application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at www.scouting.org/forms.

Se recomienda que la unidad use este formulario para obtener la aprobación y consentimiento para los Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers e invitados (si es que aplica) menores de 21 años que participen en un viaje, expedición o actividad del den, pack, equipo, tropa o grupo. Este formulario es obligatorio junto con los permisos de vuelo y deben adjuntarse a la solicitud de permiso de vuelo. Se recomienda que los padres de familia guarden una copia del formulario y se pongan en contacto con el líder de la excursión si es que tienen alguna pregunta o en caso de que se necesite un contacto de emergencia. Las copias adicionales de este formulario junto con la *Guía para un Scouting* seguro se encuentran disponibles para descargar desde Scouting Safely en www.scouting.org/forms.

First name of participant / Nombre del participante _____ Middle initial / Inicial del sugundo nombre _____ Last name / Apellido _____ Birth date (month/day/year) / Fecha de nacimiento (día/mes/año) ☐☐☐ Age during activity / Edad al momento de realizar la actividad _____

Address / Domicilio _____

City / Ciudad _____ State / Estado _____ Zip / Código postal _____

Has approval to participate in (Name of activity, orientation flight, outing trip, etc.) / Tiene la aprobación para participar en (Nombre de la actividad, vuelo de orientación, excursión, etc.) 2015 Troop 71 Summer Camp, Tomahawk Scout Reservation, WI

From / De 3 Jul 15 (Date / fecha) to / a 12 Jul 15 (Date / fecha)

☐ Without restrictions / Sin restricciones

☐ Special considerations or restrictions: / Consideraciones o restricciones especiales:

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. 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.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

ACUERDO DE INDEMNIZACIÓN 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. He considerado cuidadosamente el riesgo involucrado y doy mi consentimiento para mi mismo o mi hijo para participar en la actividad. Entiendo que la participación en la actividad es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes. Libero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, partes relacionadas u otras organizaciones asociadas con la actividad de cualquiera y todas las demandas o responsabilidades que surjan de esta participación.

En caso de una emergencia que tenga que ver con mi hijo, sé que se harán todos los esfuerzos necesarios para contactarme. En caso de que no me contacten, autorizo al proveedor médico seleccionado por el líder adulto encargado, de asegurarse de que se le ofrezca a mi hijo el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamento. Los proveedores médicos están autorizados para informar al adulto encargado los hallazgos de la exploración física, los resultados de pruebas y el tratamiento otorgado con el propósito de una evaluación médica del participante, seguimiento y comunicación con los padres o tutores del participante y/o la determinación de la capacidad del participante para continuar en las actividades del programa.

Participant's signature / Firma del participante _____ Date / Fecha _____

Parent/guardian printed name / Nombre con letra de molde del padre de familia/tutor _____ Parent/guardian signature / Firma del padre de familia/tutor _____ Date / Fecha _____

Area code and telephone number (best contact and emergency contact) / Código de área y número telefónico (primer contacto y contacto de emergencia) _____ Email (for use in sharing more details about the trip or activity) / Correo electrónico (para más detalles sobre el viaje o actividad) _____

Contact the adult tour leader with any questions:
Póngase en contacto con el líder adulto de la excursión si es que tiene preguntas:

Name / Nombre Ann Lundberg Phone / Teléfono 937-212-3522 Email / Correo electrónico ann.lundberg5@gmail.com

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Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

DOB: _____

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.

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, Philmont Training Center, Northern Tier, Florida 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____
Telephone: _____

Name: _____
Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____
Telephone: _____

Name: _____
Telephone: _____

Part B: General Information/Health History

B

Full name:

DOB:

High-adventure base participants:
Expedition/crew No.:
or staff position:

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

Address:

City: State: ZIP code: Telephone:

Unit leader: Mobile phone:

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:**
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/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	**Last attack date:**
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Behavioral/neurological disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures	**Last seizure date:**
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Excessive fatigue	
☐	☐	Obstructive sleep apnea/sleep disorders	**CPAP: Yes** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date:**
☐	☐	List any other medical conditions not covered above	

Part B: General Information/Health History

B

Full name:

DOB:

High-adventure base participants:
Expedition/crew No.:
or staff position:

Allergies/Medications

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

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	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 INDICATE 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 by the BSA. 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:

Part C: Pre-Participation Physical

C

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

Full name:

DOB:

High-adventure base participants:
Expedition/crew No.:
or staff position:

You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.

Examiner: Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	☐	☐	

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
☐	☐	Medication		☐	☐	Plants	
☐	☐	Food		☐	☐	Insect bites/stings	

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

	Normal	Abnormal	Explain Abnormalities
Eyes	☐	☐	
Ears/nose/throat	☐	☐	
Lungs	☐	☐	
Heart	☐	☐	
Abdomen	☐	☐	
Genitalia/hernia	☐	☐	
Musculoskeletal	☐	☐	
Neurological	☐	☐	
Other	☐	☐	

Examiner's Certification

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

True	False	Explain
☐	☐	Meets height/weight requirements.
☐	☐	Does not have uncontrolled heart disease, asthma, or hypertension.
☐	☐	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.
☐	☐	Has no uncontrolled psychiatric disorders.
☐	☐	Has had no seizures in the last year.
☐	☐	Does not have poorly controlled diabetes.
☐	☐	If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
☐	☐	**For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.**

Examiner's Signature: _____ **Date:**

Provider printed name:

Address:

City: State: ZIP code:

Office phone:

Height/Weight Restrictions
If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295