CHALLENGE COURSE AND CLIMBING/RAPPELLING HEALTH HISTORY AND CONSENT FORM NON-SCOUT ADULT OR CHILD

You are about to take part in a challenge ("ropes") course experience and or climbing/rappelling ("activity") offered through the _____ Council BSA ("local council") on _____ (date).

While participating in the activity you will undertake a wide variety of physical and mental challenges that are comparable to activities with which you may be more familiar. Much of the time, you will be engaged in activity of "moderate exertion," which is comparable to normal walking, golfing on foot, raking leaves, calisthenics, or slow dancing. For short periods of time, you will be engaged in activity of "vigorous exertion," which is comparable to fast walking, slow jogging, heavy gardening, or shoveling snow.

If any of the above activities are difficult for you, discuss your participation in the activity with your physician. If these are activities in which you regularly engage without difficulty, you should be fit for participation in the program.

Following are specific medical conditions about which participants should always seek the advice of a physician before participating in the activity:

- Pregnancy (climbing harness can injure uterus)
- Kidney or liver transplant (climbing harness can injure transplanted organ)
- Healing fracture or joint injury (should be cleared by treating physician)
- Recent surgery (should be cleared by treating physician)
- Down syndrome (should have x-ray check for neck instability, as per recommendation of the Special Olympics)

If you or your physician has any questions about the physical requirements of the activity, feel free to contact the local council.

HEALTH HISTORY

Name:	First	Middle	Last
Telephone:	Home	Work	
Personal physician	Name	Telephone:	
In case of emergency, please contact:	Name	Telephone:	
Special dietary considerations:			
List known allergies:			
List required medications:			
If you are allergic to insect stings, do you have an insect sting kit (e.g., EpiPen)?			
Do you wear contact lenses?	Are you pregnant?		
Have you had or do you now have (circle if yes):	Heart attack	Diabetes	Asthma
Angina ☐	Epilepsy ☐	Chest pains ☐	Drug reactions ☐
High blood pressure ☐	Heart murmur ☐		
If you answered "yes" to any of the above, explain and include date:			
Do you have any other medical conditions that we should be aware of?			