Document Checklist for Philmont Crew Check-in and Medical Re-check

Administrative Check-in - immediately after all contingent Rangers arrive at the Welcome Center, they will accompany the Tour Advisor and the Lead Advisors to the Administration office for check-in; the first step in the list of activities that must be accomplished Day 1 in Base Camp. Each Lead Advisor will need:

- □ <u>Copy</u> of National Tour Plan for the contingent (distributed at June Briefing)
- <u>Copy</u> of contingent financial statement (distributed at June Briefing). You will not owe any money to Philmont <u>except</u> if any members of your crew want extra copies of your Philmont crew picture (one each is included in your fee). There will not be a separate picture of the entire contingent.
- Original multipart Philmont *Expedition Crew Roster*, noting the following:
 - Every line must be completely filled-in
 - Youth Crew Leader <u>must</u> be listed on the first line in the lower section
 - Format for Date of Birth is "m/d/y" (for example, 5/16/92)
 - Format for Age/Grade completed is numeric "age/grade" (for example, 16/10)
 - A code for Religious Preference <u>must</u> be entered. If none, use "OT" for "Other"
 - A code <u>must</u> be entered for Ethnic Information
- Original Philmont *Talent Release*, noting the following:
 - Every line <u>must</u> be completely filled-in
 - Number of entries <u>must</u> match that on the Philmont *Expedition Crew Roster*
 - <u>Participant signature</u>, and <u>parent/guardian signature</u> for youth members of crew
- Wilderness First Aid and CPR certification for <u>at least one</u> crew member

Health Lodge Medical Re-check - a stop during Day 1 in Base Camp is the Medical Re-check at the Health Lodge. The Lead Advisor will need:

- Original Parts A, B, and C of the Annual BSA Health and Medical Record for each crew member
 - Every line must be completely filled-in, noting especially
 - Expedition # in upper right corner of all three Parts
 - <u>Social Security Number</u> on Part A (may be required for medical treatment; if not provided on form, write on a separate sheet of paper and place in a sealed envelope attached to Part A)
 - <u>Copy</u> of <u>Health Insurance card</u> (front <u>and</u> back) stapled to Part A, with the information provided on Part A or "None" stated
 - <u>All medications listed</u> on Part A write "N/A" or "None" if applicable. NOTE THE <u>CREW MEMBER</u> <u>MUST</u> PRESENT <u>ALL</u> MEDICATIONS LISTED TO THE HEALTH LODGE PERSONNEL - <u>HAVE THEM AVAILABLE</u> !!!.
 - <u>Participant signature</u>, and <u>parent/guardian signature</u> for youth, on Part B
 - <u>Participant name, date of birth, allergies, and emergency contact phone number</u> in the left margin of Part A
 - <u>Participant name and date of birth</u> on the bottom of both Parts B and C
 - <u>Printed physician's information</u> (or business card attached) on Part C
 - <u>Examiner's signature</u> on Part C