

# Girl/Adult Health History Form



GIRL MEMBER       ADULT MEMBER

This form is to be completed for girls and adults assisting with a troop. It will be retained by the troop and will become part of the troop records for three years. After the form is **initially** completed and signed it will only need to be reviewed yearly. Make corrections, additions and updates as needed, then initial and date.

Troop #:	or Individual: <input type="checkbox"/>	Service Unit#:	Year:	Grade:	Initials:	Date:
Troop #:	or Individual: <input type="checkbox"/>	Service Unit#:	Year:	Grade:	Initials:	Date:
Troop #:	or Individual: <input type="checkbox"/>	Service Unit#:	Year:	Grade:	Initials:	Date:

<b>Contact Information</b>	Name:				
	Address:				
	City/State/Zip:				
	Day Phone: (    )		Evening Phone: (    )		
	Cell Phone: (    )		Email:		
	Girl is under the custodial care of: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother/Guardian Only <input type="checkbox"/> Father/Guardian Only <input type="checkbox"/> Other				
	Parent/Guardian(s) Name: (Complete for girl only)			Phone: (    )	
	1.			Cell: (    )	
	Parent/Guardian(s) Name: (Complete for girl only)			Phone: (    )	
	2.			Cell: (    )	
<b>Health Information</b>	Emergency Contact Name :				Relationship:
	Day Phone: (    )		Evenings: (    )		Cell: (    )
	Physician's Name:				Phone:
	Clinic Name:		Insurance Name:		Policy #:
	Immunizations are up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Has participant had any recent injuries or surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes please explain:				
	Does participant take any prescribed medications on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes please state medication and reason:				
	Is participant restricted or limited from participating in any physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes please explain:					
Allergies (list):					
Special Concerns (check as appropriate):					
<input type="checkbox"/> ADHD	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Other:	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Headaches	<input type="checkbox"/> Hyperglycemia	<input type="checkbox"/> Motion Sickness		
Special Fears (storms, water, insects) specify:					
Special Dietary Regimen:					
<b>Authorization</b>	<b>PARENT/GUARDIAN AUTHORIZATION</b>				
	This health form is complete and accurate. I know of no reason(s) other than the information indicated on this form, why my daughter/girl should not participate in the prescribed activities except as noted. In the event that my child needs medical attention while participating in Girl Scout activities, I authorize the adult in charge to see that my child receives reasonable first aid and to transport my child to a health care facility for emergency services as needed.				
	Signature of parent/guardian:			Date:	
	<b>ADULT MEMBER AUTHORIZATION</b>				
This health history is complete and accurate. I am able to engage in all activities except as noted.					
Signature of adult member:			Date:		

**TROOP LEADER-Please retain this form for your records in a confidential manner.**

**Girl Scouts needs adult volunteers to help with various events and activities. Please put a check by the volunteer position(s) you're most interested in. Thank you!**

**As a Girl Scout volunteer I am willing to assist with the following:**

- |  |  |
|--|--|
| <input type="checkbox"/> Be a Troop Leader                   | <input type="checkbox"/> Be a Community Coordinator                  |
| <input type="checkbox"/> Be an Assistant Troop Leader        | <input type="checkbox"/> Be a Troop Organizer/Recruiter/Consultant   |
| <input type="checkbox"/> Be a Troop Treasurer                | <input type="checkbox"/> Be a Service Unit Program/Event Coordinator |
| <input type="checkbox"/> Be a Troop Product Sales Manager    | <input type="checkbox"/> Be a Service Unit Registrar                 |
| <input type="checkbox"/> Be a Helper at Troop Meetings       | <input type="checkbox"/> Be a Service Unit Treasurer                 |
| <input type="checkbox"/> Provide child care for troop leader | <input type="checkbox"/> Be a Community Product Sales Manager        |
| <input type="checkbox"/> Drive for troop outings             | <input type="checkbox"/> Be a Service Unit Cookie Drop Station       |
| <input type="checkbox"/> Be a Community Cookie Cupboard      | <input type="checkbox"/> Be a Service Unit Public Relations Manager  |
| <input type="checkbox"/> Be a Service Unit Delegate          | <input type="checkbox"/> Other: _____                                |

## **Crisis & Safety Management Plan**

### **First Response & Emergency Procedures**

**REMAIN CALM.**

**THINK CLEARLY.**

**GET ALL THE FACTS.**

If a serious accident, major emergency or fatality occurs, complete steps #1-5.

If another situation threatens the well-being of Girl Scouting or its members, start with step # 3.

1. Give priority attention to the injured. Call emergency services (911 in most communities).

For a **SERIOUS INJURY** call:

- Doctor
- Ambulance
- Human services professional/clergy

For a **FATALITY**:

- Always call Police
- Do not disturb victim or surroundings
- Call Human services professional/clergy

2. Appoint a responsible adult or girl to stay with uninjured persons. A Girl Scout staff will contact parents/guardians or next of kin.
3. Immediately contact the CEO to report the nature of the situation. Be prepared to give names and phone numbers of those involved.

**During Office Hours:**

800 955-6032 ext 234

320 252-2952 ext 234

**After Office Hours:**

Cell: 320 260-5873

4. **MAKE NO STATEMENTS TO THE MEDIA.** Refer all questions to the CEO, or staff representative. Say, "I'm sorry, but I need to have you talk with a Girl Scout staff." Do not place blame or accept responsibility.
5. Stay in contact with the CEO or designated staff member and give updates to the situation.

**File an Emergency Report Form #1004 within 24 hours with the staff whom you have notified. In all emergencies involving accidents or injuries, obtain insurance forms from the Finance Department at the Waite Park Regional Center.**

**TROOP LEADER-Please retain this form for your records in a confidential manner.**

**GSMWLP 7/09 #3801**