

Niña Registro de la historia de salud

GSMWLP 9/06 #3801

Girl Scouts of Minnesota and Wisconsin Lakes and Pines

SU #	Tropa #	Año	Grado	Iniciales
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Ésta forma debería ser rellena y firmada por los/las padres/guardianas de la niña. Después de la forma ha sido rellena y firmada, sólo necesita ser verificada una vez por año. El/La padre/guardiana repasa la forma, se hace las correcciones o adiciones necesarios, y después se pone las iniciales arriba.

Nombre de la Niña _____
Nombre de los/las padres/guardianas _____
Dirección _____ Ciudad/Estado/Código Postal _____
Número de Teléfono(_____) _____ por el día (_____) _____ por la tarde
Número de Celular (_____) _____
Ella está abajo del cuidado de (uno) ___ los dos padres ___ sólo mamá guardiana ___ sólo padre guardián ___ otro

La siguiente persona necesita ser notificada en el caso de emergencia si no estoy disponible.
Nombre _____ Relación _____
Dirección _____
Ciudad/Estado/Código Postal _____
Número de Teléfono(_____) _____ por el día (_____) _____ por la tarde
Número de Celular (_____) _____

Nombre del Doctor _____ Número de Teléfono (_____) _____
Número del registro médica _____ Nombre de la Clínica _____
La compañía que lleva la aseguranza médica _____
Fecha del exámen de salud lo más reciente _____ Inmunizaciones recientes ___ Sí ___ No
Medicinas que toma mi hija _____

Preocupaciones especiales (chequear donde es necesario):

<input type="checkbox"/> ear infections	<input type="checkbox"/> hearing impairment	<input type="checkbox"/> eye glasses/contacts	<input type="checkbox"/> motion sickness
<input type="checkbox"/> chicken pox	<input type="checkbox"/> mumps	<input type="checkbox"/> measles	<input type="checkbox"/> asthma
<input type="checkbox"/> heart defect/disease	<input type="checkbox"/> hypoglycemia	<input type="checkbox"/> hyperglycemia	<input type="checkbox"/> fainting
<input type="checkbox"/> bleeding/clotting disorders	<input type="checkbox"/> menstruation	<input type="checkbox"/> nose bleeds	<input type="checkbox"/> bed wetting
<input type="checkbox"/> hypertension	<input type="checkbox"/> hypotension	<input type="checkbox"/> diabetes	<input type="checkbox"/> sleep disturbances

emotional disturbances (specify) _____
 animal allergies (specify) _____
 drug allergies (specify) _____
 food allergies (specify) _____
 insect sting allergies (specify) _____
 plant allergies (specify) _____
 environmental allergies (specify) _____
 special dietary regimen (specify) _____
 special fears (storms, water, insects) (specify) _____
 other (please list) _____

(ex. operations, serious illness, or injury since last physical examination; or other physical conditions)

I give my permission for the adult in charge to obtain emergency medical treatment for my daughter from a licensed physician. ___ Sí ___ No

Firma de padre/guardiana _____ Fecha _____

COPIA del LÍDER de la TROPA

(Ver al Revés)

As a Girl Scout parent/guardian I am willing to assist with the following (please check):

- Be a Troop Leader
- Be an Assistant Troop Leader
- Be a Troop Treasurer
- Be a Troop Product Sales Manager
- Be a Helper at Troop Meetings
- Provide child care for troop leader
- Drive for troop outings
- Be a Community Coordinator
- Be a Troop Organizer/Recruiter/Consultant
- Be A Community Development Manager
- Be a Service Unit Program/Event Coordinator
- Be a Service Unit Registrar
- Be a Service Unit Treasurer
- Be a Community Product Sales Manager
- Be a Service Unit Cookie Drop Station
- Be a Community Cookie Cupboard
- Be a Service Unit Public Relations Manager
- Be a Service Unit Delegate

Crisis & Safety Management Plan

First Response & Emergency Procedures

of a Crisis & Safety Management Situation

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 the Council and its members, start with step # 3.

1. Give priority attention to the injured. Call emergency services (911 is most communities).
For a **SERIOUS INJURY** call:
 - Doctor
 - Ambulance
 - Human services professional/clergyFor 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 Council representative will contact parents/guardians or next of kin.
3. Immediately contact a Council representative to report the nature of the situation. Be prepared to give names and phone umbers of those involved.

Executive Director

Leigh Ann Davis

Work: 800-955-6032 ext 234

Work: 320-252-2952 ext 234

Home: 320-685-7446

Work cell: 320-260-5873

Program/ Property Director

Jenny Morrison-Cleary

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Work: 218-254-5696

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Membership/Adult Dev. Director

Sandi Mackedanz

Work: 800-955-6032 ext 225

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Finance/HR Director

Jody Witter

Work: 800-955-6032 ext 228

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

File an Emergency Report Form within 24 hours with the Council Representative whom you notified. In all emergencies involving accidents or injuries, obtain insurance forms from the Finance/Human Resources Director.