

ADULT Health History Record

This form is to be completed and signed by all adults assisting with the troop. It will become part of troop records and retained by the troop. After the form has initially been completed & signed, it will only need to be updated each year. The adult reviews the form, makes corrections or additions as needed, and then initials & dates.

SU # _____	Troop # _____	Year _____	Initials _____	Date _____
SU # _____	Troop # _____	Year _____	Initials _____	Date _____
SU # _____	Troop # _____	Year _____	Initials _____	Date _____

Name _____
 Address _____
 City/state/zip _____
 Phone # (_____) _____ days (_____) _____ evenings
 Cell phone # (_____) _____

Emergency Contact:

Name _____ Relationship _____
 Phone # (_____) _____ days (_____) _____ evenings
 Cell phone # (_____) _____

Medical Information:

Physician's name _____ Phone (_____) _____
 Clinic name _____ Ins. ID # _____
 Family medical / hospital insurance carrier _____
 Immunizations up-to-date ___ Yes ___ No

Special Concerns (check as appropriate):

hearing impairment eye glasses/contacts motion sickness asthma
 diabetes nose bleeds hypertension
 heart defect/disease hypoglycemia hyperglycemia fainting
 bleeding/clotting disorders
 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) _____
 other (please list) _____

Signature _____ Date _____

TROOP LEADER COPY

Retain this form in a confidential manner.

(see reverse side)

GSMWLP 3/08

#3801a

Volunteer Profile (check as appropriate):

- Certified in Standard First Aid
- Certified in CPR
- Certified Lifeguard
- Certified Water Safety Instructor
- Certified Basic Leader Training
- Certified Basic Outdoor Skills
- Volunteer Application on File at GSMWLP
- Licensed Driver
- Other _____

Special Interests:

- camping
- outdoor activities
- health/fitness
- cooking/nutrition
- arts
- math
- sciences
- diversity

As an Adult Volunteer, 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 / Service Unit Manager
- Be a Troop Organizer/Recruiter/Consultant
- Be a Service Unit Program/Events 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

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/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 Council representative 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

Outside of Office Hours:

Council cell: 320-260-5873

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 have notified. In all emergencies involving accidents or injuries, obtain insurance forms from the Finance/Human

