

Participant Name: _____

DIETARY NEEDS/RESTRICTIONS (HW.1.1 – A)

- Vegetarian Vegan Gluten-free Lactose-free Other

Please specify any accommodations needed:

ALLERGIES (HW.1.1 – F and HW.4.1 – C)

- Drug Food Plants/Pollen/Insects Other

Please explain severity of allergies (contact, ingestion, smell, etc.):

PROGRAM PARTICIPATION (HW.1.1 – F and HW.4.1 – C)

I understand the activities that are involved with the program that myself/camper is attending. If clarification is needed, please contact info@gsutah.org. Below is a list of activities that, due to health concerns, myself/camper will be exempt from:

OVER-THE-COUNTER MEDICATIONS (HW.1.1 – B and HW.4.1 – D)

Health services will provide over-the-counter medications listed below. If participant is a minor, please mark that your child has permission to take or use the following as needed:

- Tylenol/Acetaminophen Tums/antacid Cough drops
 Sudafed/decongestant Advil/Ibuprofen Robitussin/expectorant
 Benadryl/antihistamine Calamine lotion

MEDICATIONS BROUGHT TO CAMP (HW.1.1 – B and HW.4.1 – D)

All medications brought to Girl Scout programs, including prescription, over-the-counter, herbal, and so forth, must be turned in with the Medication Log form during check-in. All medications must be in the original containers. All prescription medications must be prescribed for the individual taking the medication.

PERMISSION TO TREAT (HW.2.1 – AB and HW.4.1 – E)

- I give permission for the staff/volunteers to provide, seek, and consent to routine health care, administration of prescribed medications, administration of over-the-counter medications agreed to on this form, and emergency treatment of said participant.
- I authorize staff/volunteers to transport said participant to off-property health care facilities if deemed necessary by staff.
- For minors, in the event the parent/guardian cannot be reached during an emergency, I give permission for staff/volunteers to contact the emergency contacts listed on this form. In the event no one can be reached, I give permission for emergency medical providers to secure and administer treatment including, but not limited to x-rays, routine tests and treatment, and/or hospitalization.

PLEASE SIGN Signature of Parent/Guardian _____ Date _____
 Refusal to sign this section requires you to contact the Girl Scouts of Utah for a refusal-to-treat form prior to the program date (info@gsutah.org). (HW.2.1 – AB and HW.4.1 – E)

HEALTH INFORMATION PRIVACY STATEMENT

The **Health History Form** is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff volunteers in order to provide adequate participant safety and health care. The health form will be retained by Girl Scouts of Utah or GSUSA until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. Access to the information will be limited, but copies may be requested from the event sponsor, by the participant, or their legal representative. I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. **This health history is complete & accurate. I give permission to engage in all prescribed activities, except as noted.**

PLEASE SIGN Signature of Parent/Guardian _____ Date _____

DESIGNATED DRIVER RELEASE

To ensure the safety of minors, girls will only be released to those listed below.

- Be taken to program by: Name _____ Relationship to minor _____ Phone _____
- Be taken home by: Name _____ Relationship to minor _____ Phone _____

PERMISSION STATEMENT

I give permission for all participants listed above to:

- Attend the Girl Scout program listed above.
- Have photographs, video, audiotape, and artist renditions to be taken of them while involved in Girl Scout programs. I allow Girl Scouts of Utah to release said images for the promotion and publicity of Girl Scouting.
- HIGH RISK ACTIVITIES:** I recognize that some Girl Scout activities such as horseback riding, climbing, rappelling, biking, rafting, ropes course, archery, and the waterfront are high-risk activities and can be dangerous. I will be responsible for ensuring that I/my Girl Scout(s) brings the required equipment and I/she will only participate if I/she is in good physical condition.
- ADVENTURE AND LEADERSHIP PROGRAMS:** I understand that I/my camper may participate in hikes and adventure activities off of Girl Scout owned property. Overnight campouts are part of some programs. Girl Scouts in leadership programs may be transported to various program sites during their programs. Girl Scouts in high adventure programs may also be transported to program sites. I authorize Girl Scout staff/volunteers to transport me/my Girl Scout to and from these activities.

PLEASE SIGN Signature of Self or Parent/Guardian of Minors _____ Date _____