



### Troop Adult Health History for Girl Scout Year Form

Troop leaders collect this completed form for each adult in their troop, for each Girl Scout year (October - September). Additional permission forms are not required for troop events or activities, unless requested by the council, vendor, or event planner. An electronic or paper version of this form should be retained by the troop leader for three years.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Do you have any health or medical issues that you would like the troop leader to be aware of in case of an emergency? (i.e. severe allergies, EpiPen, diabetes, dietary restrictions, severe asthma)

Yes

No

If yes, please explain:

Do you have any restrictions concerning physical activities?

Yes

No

If yes, please explain:

Do you consider yourself to be in good health and able to participate in normal program activities?

Yes

No

If no, please explain:

**SIGNATURES - INITIAL AND SIGN**

Initials: \_\_\_\_\_ If I am exposed to contagious disease(s) in the three weeks prior to event/program, I will notify the troop leader or event lead. To the best of my knowledge, this health history is correct.

Initials: \_\_\_\_\_ In case of emergency, I authorize persons representing Girl Scouts of Utah to see that I receive appropriate emergency medical or surgical treatment, and/or hospitalization if necessary. It is understood that every effort will be made to reach the person named above.

Initials: \_\_\_\_\_ I understand that COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Utah takes every safety and preventative precaution, Girl Scouts of Utah can in no way warrant that COVID-19 infection will not occur through participation in Girl Scouts of Utah programs.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*your typed name above constitutes your signature