girl scouts of utah

Health History & Consent Form

Program Date: _____ Program Name: _____

PARTICIPANT INFORMATION (HW.3.1 – ABC and HW.4.1 – A)

Participant Name: _____ Birth Date: ____ /____ /___ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Preferred Phone Number: _____ Second Preferred Phone Number: _____

If a minor:

Parent/Guardian #1
Name: _____
Address: _____
Cell Phone: _____
Alternative Phone: _____

Parent/Guardian #2
Name: _____
Address: _____
Cell Phone: _____
Alternative Phone: _____

EMERGENCY CONTACT INFORMATION (If participant is a minor, please list a non-parent/guardian contact) (HW.3.1 – D and HW.4.1 – B)

Contact #1
Name: _____
Relationship to Participant: _____
Cell Phone: _____
Alternative Phone: _____

Contact #2
Name: _____
Relationship to Participant: _____
Cell Phone: _____
Alternative Phone: _____

PHYSICIAN OR HEALTH CARE FACILITY

Name of Physician or Health Care Facility: _____ Phone Number: _____

INSURANCE INFORMATION

Insurance Company: _____ Members Services Phone: _____ Group Number: _____

Address: _____ Name of Insured: _____ ID Number: _____

HEALTH INFORMATION (HW.1.1 – CE and HW.4.1 – C)

Check "Yes" or "No" for each statement. Explain "Yes" answers below and explain any accommodations needed.

1.	Asthma?	Yes	No	13.	Sleeping disorder/sleep walking?	Yes	No	25.	Visual disability?	Yes	No
2.	Diabetes?	Yes	No	14.	Heart defect/disease?	Yes	No	26.	Deaf/hard of hearing?	Yes	No
3.	Seizures/epilepsy?	Yes	No	15.	Bleeding/clotting disorders?	Yes	No	27.	Behavioral problems?	Yes	No
4.	Frequent ear infections?	Yes	No	16.	Hypertension?	Yes	No	28.	Eating disorder?	Yes	No
5.	Frequent sore throats?	Yes	No	17.	Recent infectious disease?	Yes	No	29.	Has this person menstruated?	Yes	No
6.	Sinusitis?	Yes	No	18.	Chronic/reoccurring illness?	Yes	No		a. If not, has she been told about it?		
7.	Bronchitis?	Yes	No	19.	Skin conditions?	Yes	No			Yes	No
8.	Fainting/dizziness?	Yes	No	20.	ADD/ADHD?	Yes	No		b. If so, is her menstrual history normal?		
9.	Stomach upsets?	Yes	No	21.	Autism Spectrum Disorder?	Yes	No			Yes	No
10.	Constipation/diarrhea?	Yes	No	22.	Emotional disability?	Yes	No	30.	Operations/serious injuries?	Yes	No
11.	Bed wetting?	Yes	No	23.	Learning disability?	Yes	No	31.	Other diseases/conditions?	Yes	No
12.	Urinary tract infections?	Yes	No	24.	Physical disability?	Yes	No				

Explanation of "Yes" answers (use another sheet of paper if needed): _____

RECORD OF IMMUNIZATIONS FOR GIRL MEMBERS (HW.1.1 – D)

For travel outside of the United States, please email info@gsutah.org for assistance with additional required vaccinations.

Kindergarten thru 6th Grade
DTaP/DT HiB Polio (IPV/OPV)
MMR Hep B Hep A
Chicken Pox (Varicella)

7th Grade thru 12th Grade
K thru 6th Grade immunizations
Tdap Booster
Meningococcal

Last Tetanus Immunization
____ (month) ____ (year)
[REQUIRED]

REQUIRED

Please check one of the following:

- ❑ The participant **IS** up-to-date on all immunizations listed above as required by the Utah Health Department and GSUSA.
- ❑ The participant **IS NOT** up-to-date on all immunizations listed above as required by the Utah Health Department and GSUSA.
  If a participant is any missing immunizations listed above, she cannot attend Girl Scout programs lasting 3 nights or more.
- ❑ The participant claims exemption to immunizations for medical, religious, or personal reasons (additional form is required from Utah Health Department).

PLEASE SIGN

_____ _____
Signature of Parent/Guardian Date

PLEASE NOTE THIS FORM IS TWO PAGES – PLEASE COMPLETE THE ENTIRE FORM

HEALTH FORMS ARE CONSIDERED A PART OF THE PERMANENT CAMP RECORD AND WILL NOT BE RETURNED. QUESTIONS? CONTACT INFO@GSUTAH.ORG

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 will only participate if 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

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