



Adult Health History

Health History: The more complete information you provide, the better we are able to work with you to ensure you receive the care you need.

Medical Examination: A medical examination is completed for trips lasting more than three nights. The examination is completed by a licensed physician, nurse practitioner, physician's assistant or registered nurse within the preceding 24 months unless a health issue is present.

| | | | |
|---|------------------------------------|-------------------------|-------------|
| Name of Adult: (Last, First, Middle Initial) | Date of Birth: (XX/XX/XXXX) | Sex: M F | |
| Address: | City: | St: | Zip: |
| Spouse (if applicable): | Phone: | Alternate Phone: | |

Emergency Contact Information:

| | |
|---------------------------|-------------------------|
| Emergency Contact: | Relationship: |
| Phone: | Alternate Phone: |

Allergies: Please list all allergies, the type of reaction and its severity, treatment and date of last reaction. Include allergies to medications, food, bees, animals, plants, etc.

| Allergies | Reaction/ Severity | Treatment | Date of last Reaction |
|-----------|--------------------|-----------|-----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Do you suffer from Anaphylaxis? Yes No

*Anaphylaxis is a severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.

Do you carry an EpiPen? Yes No

Do you carry an inhaler? Yes No

Medical Conditions (including any precautions or restrictions on activities)

| Name of Condition | Effects |
|-------------------|---------|
| 1. | |
| 2. | |
| 3. | |

Adult Name: _____

Medications: List any medications currently taken (or has taken in the recent past) including dosage schedule and specific instructions for use.

| Medication | Purpose | Dosage Schedule | Specific Instructions |
|------------|---------|-----------------|-----------------------|
| 1. | | | |
| 2. | | | |

Do you have a Special Medical or Dietary Regiment to be followed? Yes No

If so, please explain: _____

Have you ever had any adverse reactions to general anesthetics? Yes No

If so, please explain: _____

Additional information that is important for other advisors to know about:

HEALTH INFORMATION PRIVACY STATEMENT

The **Adult Health History and Medical Examination 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 for the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. This form will be retained for seven years in the case of treatment. 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 and medical form and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

This Adult Health History and Medical Examination Form is complete and accurate.

Signature of Adult member: _____ **Date:** _____

****Troop Leader Copy****

Please visit www.gsofsi.org to also sign a digital copy for council records.

**ASSUMPTION OF RISK, RELEASE, AND WAIVER OF
LIABILITY, AND INDEMNITY AGREEMENT RELATING TO
COVID-19**

Volunteer Name: _____

IN CONSIDERATION for being permitted to utilize the services, facilities, and programs of Girl Scouts of Southern Illinois and its troops (hereinafter referred to as “Girl Scouts”) and/or to participate during any program affiliated with Girl Scouts, the undersigned, on behalf of himself or herself any personal representatives and next of kin (hereinafter referred to as “the undersigned”) hereby acknowledges, agrees and represents that he or she has carefully considered Girl Scouts’ programs and finds and accepts same as being safe and reasonably suited for the use of participation by the undersigned.

The undersigned acknowledges that COVID-19 infections have been confirmed throughout the United States, including several cases in Illinois. In accordance with the most recent guidance issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the Illinois Department of Health for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned shall participate in, visit or utilize the facilities, services, and/or programs of Girl Scouts if he or she (i) experiences symptoms of COVID-19, including, without limitation, fever, cough, loss of sense of taste or smell, or shortness of breath, (ii) has a suspected or diagnosed/confirmed case of COVID-19, or (iii) has exposure to any person who has a suspected or diagnosed/confirmed case of COVID-19. The undersigned agrees to notify Girl Scouts immediately if he or she believes that any of the foregoing restrictions may apply.

The undersigned acknowledges and agrees that Girl Scouts has taken certain steps to implement protocols for slowing the transmission of COVID-19, and that Girl Scouts may revise its procedures at any time based on updated recommended guidance issued by public health agencies. The undersigned agrees to comply with Girl Scouts’ revised procedures prior to utilizing the facilities, services, and/or programs of Girl Scouts, and further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by Girl Scouts, social distancing of 6 feet per person among children and their fellow participants or others is not always possible. The undersigned fully understands and appreciates both the known and potential dangers of participating in the programs and/or utilizing the facilities and services of Girl Scouts and acknowledges that despite Girl Scouts’ reasonable efforts to mitigate such dangers, exposure to COVID-19 may occur, which could result in quarantine requirements, serious illness, disability, and/or death.

In further consideration of being permitted to participate in Girl Scouts' programs, THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Girl Scouts or any of their respective member troops, troop leaders, directors, officers, employees, volunteers and agents, or any of the fellow participants or their family members or guests from all liability, loss, damage, claim or demands related to any injury, illness or death of the undersigned (or any person who may contract COVID-19, directly or indirectly, from the undersigned) whether caused by the negligence, active or passive, of Girl Scouts or otherwise while the undersigned or such participating children are on the premises or using the facilities or participating in any program affiliated with Girl Scouts. Nothing in this agreement should be construed as releasing, discharging or waiving any claims the undersigned may have for conduct that constitutes greater than ordinary negligence.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS Girl Scouts or any of their member troops, troop leaders, directors, officers, employees, volunteers and agents, from any loss, liability, damages or costs they may incur, whether caused by Girl Scouts' negligence, active or passive, or otherwise while the undersigned is participating in any program of Girl Scouts, on the premises or using any facilities affiliated with Girl Scouts. The undersigned understands and agrees that Girl Scouts is not required to provide insurance to cover the undersigned in the event they suffer illness or death. The undersigned agrees and acknowledges that use of Girl Scouts' facilities and services, and participation in Girl Scouts' programs, may involve inherent danger and risk, including, without limitation, the risk of physical illness or death.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF ILLNESS OR DEATH to the undersigned due to negligence, active or passive, or otherwise while using the premises, facilities and/or while participating in or observing any program affiliated with Girl Scouts. THE UNDERSIGNED further expressly agrees that this agreement is permitted by the laws of Illinois and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE CAREFULLY READ AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT I AM GIVING UP LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM GIRL SCOUTS IN CASE OF ILLNESS OR DEATH, INCLUDING EXPOSURE TO COVID-19 AT ANY GIRL SCOUTS FACILITY OR DURING PARTICIPATION IN ANY PROGRAM AND ANY ILLNESS OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS.

Signature: _____

Date: _____