

## Girl Health History

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Troop Number \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Physician Telephone (\_\_\_\_) \_\_\_\_\_

Preferred Hospital Name (include city) \_\_\_\_\_

Are Immunizations Up To Date (please circle one) Yes No Date of Last Tetanus Immunization \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact #1 Name \_\_\_\_\_

Emergency Phone (\_\_\_\_) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_

Emergency Phone (\_\_\_\_) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Please check all that apply:

<p><b>Since her last health exam has your daughter had:</b></p> <p><input type="checkbox"/> Exposure to a contagious disease?</p> <p><input type="checkbox"/> Illness lasting more than 5 days?</p> <p><input type="checkbox"/> Surgical operation or fracture?</p> <p><input type="checkbox"/> Physical activity restriction?</p>	<p><b>Allergies:</b></p> <p><input type="checkbox"/> Animals</p> <p><input type="checkbox"/> Bee Stings</p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Hay Fever</p> <p><input type="checkbox"/> Insect Stings</p> <p><input type="checkbox"/> Medicines/Drugs</p> <p><input type="checkbox"/> Plants</p> <p><input type="checkbox"/> Pollen</p> <p><input type="checkbox"/> Other (Specify)</p> <p style="text-align: center;">_____</p>	<p><b>Chronic or Recurring Illness:</b></p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Bleeding/Clotting Disorders</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Ear Infection</p> <p><input type="checkbox"/> Heart Defect/Disease</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Musculoskeletal Disorders</p> <p><input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Other (Specify)</p> <p style="text-align: center;">_____</p>	<p><b>Other Health Conditions:</b></p> <p><input type="checkbox"/> Bed Wetting</p> <p><input type="checkbox"/> Constipation</p> <p><input type="checkbox"/> Emotional Disturbances</p> <p><input type="checkbox"/> Fainting</p> <p><input type="checkbox"/> Hearing Impairment</p> <p><input type="checkbox"/> Motion Sickness</p> <p><input type="checkbox"/> Nosebleeds</p> <p><input type="checkbox"/> Special Dietary Regimen</p> <p><input type="checkbox"/> Autism</p> <p><input type="checkbox"/> ADD/ADHD</p> <p><input type="checkbox"/> Behavioral Disorder</p> <p><input type="checkbox"/> Wears Glasses or Contact Lenses</p> <p><input type="checkbox"/> Other (Specify)</p> <p style="text-align: center;">_____</p>
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**Please explain any items that are checked** \_\_\_\_\_

**Special Accommodations** \_\_\_\_\_

**Current Medications** (please also state condition being treated) \_\_\_\_\_

Girl Name: \_\_\_\_\_ Troop # \_\_\_\_\_

**Sunscreen and Insect Repellant:**

As a parent/guardian I accept responsibility for teaching my daughter how to apply sunscreen and insect repellent and will make sure my daughter is appropriately dressed for outdoor activities. I will provide sunscreen and insect repellent as necessary. **Initial** \_\_\_\_\_

**Medical Release:**

In the event \_\_\_\_\_ becomes ill or sustains an injury while in the care of or under the supervision of **Girl Scouts of Southern Illinois** or any of its officers or leaders and it becomes necessary to seek professional medical treatment, I give my permission to the certified first aider to provide **First Aid and/or CPR** and to take the appropriate measures including contacting the **emergency medical services system** and arranging transportation to \_\_\_\_\_ or the nearest emergency medical facility to receive treatment by a licensed physician. I understand that every effort will be made to contact me or the person designated by me as my emergency contact.

**Initial** \_\_\_\_\_

This health history is complete and accurate. I know of no reason(s), other than the information on this form, why my daughter should not participate in prescribed activities except as noted. I understand that medication needing to be administered to my daughter during a Girl Scout activity must be given to the adult in charge along with written instructions and permission to administer the scheduled dosage(s). **Initial** \_\_\_\_\_

## Health Information Privacy Statement

*The Health History Form for Minors 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 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 and medical form and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. This Health History Form for Minors is complete and accurate.*

**My daughter has permission to engage in all prescribed activities, except as noted by me and the examining physician.**

**Signature of parent/ guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*Typing your name here qualifies as a valid signature*

## Annual Permission Form

### Permission for Trips/Travel:

My daughter/ward has permission to travel to, attend and participate in troop and council-sponsored activities that are less than a four hours' drive from our meeting location, or fewer than two nights. I understand that my troop leader will follow the Girl Scout Program standards and *Safety Activity Checkpoints* outlined by the Girl Scouts of Southern Illinois.

**Yes**    **No**    **Initial** \_\_\_\_\_

### Permission to Survey:

I understand that my daughter/ward may be asked to participate in evaluations and surveys as part of her Girl Scout activities. I understand that her participation is voluntary; she will neither receive compensation of any form for participating, nor will her standing in her Girl Scout programs will be affected if she chooses not to participate. I understand that her confidentiality will be protected and her name will not be linked with survey results. **Yes**    **No**    **Initial** \_\_\_\_\_

**I have read and understand the Girl Health History and Annual Permission Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/group leader.**

**Signature of parent/ guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*Typing your name here qualifies as a valid signature*

Please contact Customer Care at [customer care@gsofsi.org](mailto:customer care@gsofsi.org) or 800.345.6858 if you have any questions or concerns.

*\*Girl Scout Leader/Advisor—Keep copies with first-aid kit*

*White Copy- Product Program / Yellow Copy- Troop Leader / Pink Copy-Parent*

**www.gsofsi.org**

#### **Corporate Service Center**

#4 Ginger Creek Parkway  
Glen Carbon, IL 62034  
800.345.6858  
Fax: 618.692.0685

#### **Regional Service Center**

4102 S. Water Tower Place  
Mt. Vernon, IL62864  
800.345.6858  
Fax: 618.242.5191

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

Parent or Guardian Name: \_\_\_\_\_

Minor Participant Name: \_\_\_\_\_

Minor Participant 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 for my children listed above to participate during any program affiliated with Girl Scouts, the undersigned, on behalf of himself or herself and such participating children and 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 and participating children.

The undersigned acknowledges that COVID-19 infections have been confirmed throughout the United States, including several cases in Missouri. In accordance with the most recent guidance issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the Missouri Department of Health for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children 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, his/her minor children (or any person who may contract COVID-19, directly or indirectly, from the undersigned or such participating children) 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 or any participating child 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 or such participating children 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 or such participating children 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 Missouri 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.

IF SIGNING ON BEHALF OF MINORS: This is to certify that I understand that this agreement is made on behalf of my minor child(ren) and/or legal ward(s) and I represent and warrant to Girl Scouts that I have full authority to sign this agreement on behalf of such minor(s). As a parent/guardian with legal responsibility for this participant, I have read and explained the provisions in this agreement to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against COVID-19. My child/ward understand and accepts these risks and responsibilities and I, my spouse and child/ward have read and understand the terms of this agreement and agree to its terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_