girl scouts of gulfcoast florida

ADULT ACTIVITY CONSENT FORM

Membership Year
_____/_____

Name: First _____ Middle _____ Last _____

Address _____ City _____ State _____ Zip _____

1. I give permission to certified adults to administer first aid and have aid given from a physician or hospital if the situation requires. It is my understanding that I am covered by Girl Scout Accident Insurance. I do not hold the troop, its leaders, or Girl Scouts of Gulfcoast Florida, Inc. at fault in case of an accident.
2. I authorize the doctor or hospital personnel to provide emergency medical treatment and or anesthesia to be administered. This authorization includes, but is not limited to, any emergency treatment and/or surgical procedure(s) deemed necessary by the qualified personnel.
3. I acknowledge COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact in the community. Everyone must take all reasonable precautions to limit exposure for girls, volunteers, families, and the community. As with any social activity, participation in Girl Scouts could present the risk of contracting infectious illnesses like COVID-19, and in no way can there be a guarantee that exposure to COVID-19 or other infectious illnesses will not occur through participation in Girl Scout program activities. I will not come to and participate in any Girl Scout activities if I become sick with COVID-19 symptoms, tests positive for COVID-19, or has been exposed to someone with symptoms or someone with suspected or confirmed COVID-19 according to CDC guidelines.

HEALTH HISTORY RECORD This health history is to be completed and signed each adult participant.

Name of physician _____ Phone _____

Family medical/hospital carrier _____ Policy or group # _____

Date of last health examination _____

Were there any complicating medical problems noted in last health examination? _____

Please note any additional information regarding behavioral, physical, or emotional health and attach to this form.

HEALTH HISTORY (Please check all that apply)

Diseases	Allergies	Chronic or Recurring Illness	
❑ Chicken Pox ❑ German Measles ❑ Kidney disorders ❑ Measles ❑ Mumps ❑ Rheumatic Fever ❑ Tuberculosis ❑ Other (specify) _____	❑ Animals_____ ❑ Food _____ ❑ Hay Fever_____ ❑ Insect stings _____ ❑ Medicine/drugs_____ _____ ❑ Plants _____ ❑ Pollen _____ ❑ Other (specify) _____	❑ Asthma ❑ Bleeding disorders ❑ Diabetes ❑ Ear infections ❑ Heart defect/disease ❑ Hypertension ❑ Hypotension ❑ Hypoglycemia ❑ Musculoskeletal disorders ❑ Seizures ❑ Sinusitis ❑ Other (specify) _____	

SPECIAL NEEDS (check all that apply):		**LIST ANY MEDICATIONS - DOSAGE AND FREQUENCY:**
❑ Fainting ❑ Bed wetting ❑ Constipation ❑ Emotional disturbances ❑ Sickle cell trait or disease ❑ Wears glasses or contact lenses ❑ Other _____	❑ Sleep disturbances ❑ Menstrual cramps ❑ Nosebleeds ❑ Hearing Impairment ❑ Special dietary regimen ❑ Motion sickness	

Girl Scouts of Gulfcoast Florida, Inc.

ADULT ACTIVITY CONSENT FORM

EMERGENCY CONTACT INFORMATION

In case of emergency notify: _____ Relationship _____

Home phone _____

Work phone _____

Cell phone _____

Address _____ City _____ State _____ Zip _____

PLEASE INITIAL ALL BELOW

_____ **I have chosen to carry and administer my own medication such as: bronchial inhalers, EpiPen, or diabetes medication.**

_____ **I fully understands that I am not allowed to give any medications that I have with me to any other person and will inform the person in charge of first aid when I have taken any of this medication myself.**

_____ **I will alert the Girl Scout council representative if I have tested positive for COVID-19, so that others may be informed. The council will inform families to keep member health information strictly confidential.**

_____ **This health history is complete and accurate to the best of my knowledge. I affirm that my immunizations are up to date.**

_____ **This consent form serves as agreement for me girl to participate in all Girl Scout activities unless otherwise noted by me in writing.**

Signature _____ Date _____

Troop leaders, please keep a copy of the Adult Consent Form for each adult participant. This form must accompany you during all Girl Scout meetings, activities, events, and trips

girl scouts of gulfcoast florida

4780 Cattlemen Rd., Sarasota, FL 34233

941-921-5358 ♣ 800-232-4475

www.gsgcf.org