



INSTRUCTIONS

- 1. The information on this form may be used by and shared with GGC representatives or medical personnel to:
a. Support the health and safety of your daughter/ward.
b. Administer or authorize appropriate first aid, medical attention or additional support for your daughter/ward
c. Obtain your permission on who is authorized to pick-up your daughter/ward.
2. Your daughter's/ward's health form is reviewed only by her Guiders. If necessary it will be shared with other adults on a need-to-know basis.
3. This form is kept in your daughter's/ward's unit. Any updates to her contact information, health, medications or requirements for additional support must be provided by you.
4. If the participant has been treated by a physician for an illness or injury within one month of the date of the activity, it is recommended that the Wellness Statement (H.5) is completed and signed by a physician.

PART 1 - CONTACT INFORMATION

Girl's Name: Birthdate: / /

Address: Apt. P.O Box Street City/Town Prov. Home phone: ( )

Cell: ( )

Parent/Guardian Name: Last name First name

Address if different from girl's: Apt. P.O Box Street City/Town Prov.

Email:

Home Phone: ( ) Work Phone: ( ) Cell Phone: ( )

Emergency Contact Name: Last name First name Relationship to girl

Home Phone: ( ) Work Phone: ( ) Cell Phone: ( )

Family doctor name (optional): Phone: ( )

Provincial insurance (optional; required for international travel):

PART 2 - ALLERGIES & DIET

Does she have any allergies? Yes No If yes, please explain:

Table with 4 columns: Food Allergy, Life-Threatening?, Other Allergy (insects/environmental, etc.), Life-Threatening?. Contains 5 rows for data entry.

Does your daughter/ward need to keep with her an allergy medication such as an Epi-pen or asthma inhaler?

Yes No If yes, please specify:

Does your daughter/ward have any dietary or food restrictions? Yes No If yes, please explain. If more space is needed, please attach additional information.

Large empty rectangular box for additional information or attachments.

Participant's Name

IMIS #

Site/event

Year



**PART 3 – HEALTH / ACCOMMODATIONS**

Girl's Name: \_\_\_\_\_

Please indicate if your daughter/ward has any of the following:

- Headaches  Ear trouble  Nightmares  Bed wetting  Sleepwalking  Asthma  Recent illness
- Cognitive or behavioral challenge  Mental health challenge  Physical disability  Contact lenses
- Chronic health condition (e.g. arthritis, diabetes, epilepsy etc.)

Does she know about menstruation?  Yes  No

Other – please specify:

What accommodations, additional supports, or modifications would assist her participation? If more space is needed, please attach additional information.

**PART 4 - MEDICATIONS**

You must provide a list on the Medication Plan and Administration Record (H.3) any medications that your daughter/ward will need when attending a GGC activity or event. All medication **MUST BE PROVIDED BY HER PARENT/GUARDIAN**. She will not be given any medication that is not provided by YOU.

Any medication (over-the-counter and/or prescribed) required by girl members must be brought with her in original packaging with dosage instructions and clearly labeled with her name. Medications are given to the Guider or First Aider upon arrival at the activity/event/camp for storage. The Guider or First Aider will supervise the taking of medication by girls according to instructions provided. Participants must be willing to take their medication.

**PART 5 - CONSENT**

**Every care and attention will be given to the health and comfort of the participant.**

I hereby consent to and authorize Girl Guides of Canada and its representative(s) to: share information, and provide first aid, and/or obtain medical care and services (e.g., contacting EMS/ambulance) as needed using her best judgment for the health and safety of myself and/or my daughter/ward during GGC activities. I agree to accept financial responsibility in excess of the benefits allowed by my provincial/territorial health plan or the Girl Guides of Canada insurance plan.

Signature of custodial parent/guardian \_\_\_\_\_

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

**PERMISSION TO PICK UP GIRL MEMBER**

Girl Guides of Canada strives to provide the safest possible environment for your daughter/ward. In keeping with that goal, after GGC activities your daughter/ward will only be released to individual(s) who have been authorized by you to pick her up.

- a) My daughter/ward has my permission to make her own way home:  
Please initial \_\_\_\_\_
- b) Please list up to four people (other than yourself and your emergency contact named on this form) who may pick up your daughter/ward:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

*\* Please note that individuals on the list may be required to show photo identification if they are not known to the Guiders. If there is a need for someone other than those listed above to pick up your daughter/ward, please inform the Guider in writing. In an emergency situation, the Guider may accept verbal authorization from you.*

**PHOTOGRAPH OF PARTICIPANT**

It is recommended that you provide a photo of your daughter/ward.

A picture is required if she is attending any activity/event/camp at which she may not be known (e.g., area camps, outings, district rallies, etc.).

Place photo here

**NOTE TO GUIDERS: Securely destroy this form at the end of the Guiding year or return to parent/guardian.**