Girl Guides

Personal Health Form - Girl Members (H.1)

Participant's Name _____ iMIS # _____ Site/event _____ Year _____

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. If your daughter/ward has any challenges that may require additional supports, please provide information on how we can best support her.
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. Throughout the year you may be asked to review this form or supply a new one if she is attending special events.
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: _____ (Last name / First name) Birthdate: ___/___/___ (Day / Month / Year)

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:

Food Allergy	Life-Threatening?	Other Allergy *(insects/environmental, etc.)*	Life-Threatening?
	☐Yes ☐ No		☐Yes ☐ No
	☐Yes ☐ No		☐Yes ☐ No
	☐Yes ☐ No		☐Yes ☐ No
	☐Yes ☐ No		☐Yes ☐ No
	☐Yes ☐ No		☐Yes ☐ No

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**.

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at www.girlguides.ca or contact your provincial office or the national office for a copy.

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 ☐ Glasses

☐ Chronic health condition (e.g. arthritis, diabetes, epilepsy etc.) ☐ Motion sickness

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 GGC 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:

a) Has my permission to make her own way home: Please initial _____

b) May be picked-up by one of these four people (in addition to myself and the emergency contact listed on this form):

Name	Phone
1.	
2.	
3.	
4.	

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, if no one is available the Guider will use her judgement to provide a resolution to the situation. Please initial: _____

** Please note that individuals on the list may be required to show photo identification if they are not known to the Guiders.*

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.