



PERSONAL HEALTH FORM Girl Members

Note to Parent/Guardian

- 1. The information on this form may be used by GGC representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant; and to obtain your permission on who may pick-up your child/ward.
2. Please return this form to the responsible Guider. You may be asked to review and update health information on this form periodically throughout the year. Please initial any changes.
3. It is recommended that you attach a photo on the reverse side of this form.

Name: Last name First name
Birth date: year/month/date Height: Weight:
Address: No. Street Apt. No. P.O. Box or R. R. No. City Province/Territory Postal Code
Phone: Home () Business Cell ()

Contact information of custodial parent or guardian: E-mail
Last name Given name Phone: Home () Business () Cell ()
Address (if different from above) No. Street Apt. No. P.O. Box or R. R. No. City Province/Territory Postal Code

If the above are unavailable in an emergency, please notify:
1. Last name First name Relationship Phone: Home () Business ()
Address (if different from above) No. Street Apt. No. P.O. Box or R. R. No. City Province/Territory Postal Code
2. Surname Given Name Relationship Phone: Home () Business ()
Address (if different from above) No. Street Apt. No. P.O. Box or R. R. No. City Province/Territory Postal Code

- 1. Family doctor Phone ()
2. Provincial health insurance number (optional)
3. The activity/event/camp may include swimming hiking, boating, pitching tents, etc. Does the participant have any physical, cognitive, emotional or behavioural limitations/challenges that would require assistance and/or modifications to the program to enable her to participate fully? Yes No
If yes, please state particulars:

- 4. Do you have any special instructions for Guiders/staff regarding the participant's health care and/or diet? Yes No
If yes, please explain:

- 5. Has this person menstruated? Yes No If not, does she know about it? Yes No
6. Are corrective lenses required? Yes No Contact lenses? Yes No

Participant's name:

Site/event:

Year:



Name of participant: _____

7. If the participant has allergic reactions to such things as food, insect stings, etc., please complete the following:

Allergy	Life-Threatening?	Allergy	Life-Threatening?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Is the participant subject to any of the following? (Please check all that apply)

- | | | | |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Respiratory ailments | <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Other – please specify _____ |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sleepwalking | |

9. Chronic conditions or recent illnesses of which the Guiders/staff should be aware: _____

10. Please provide details of treatment required and name of medications she will be bringing with her if required for the above mentioned condition(s). _____

11. Are there any medications that your child/ward should carry themselves (e.g., asthma pump, Epi-pen).

Yes No If yes, please specify: _____

Medications: 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 aid provider upon arrival at the activity/event/camp for storage. The Guider or first aid provider will supervise the taking of medication by girls according to instructions provided. Participants must be willing to take their medication. They will not be given any medication that is not provided by parents/guardians. Other comments: _____

Note: 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.

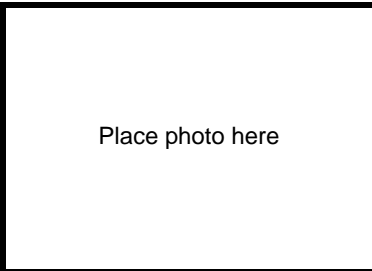
Every care and attention will be given to the health and comfort of the participant.
 I hereby authorize a Girl Guides of Canada representative to secure such medical advice and services (e.g., contacting EMS/ambulance) as may be deemed necessary for the health and safety of myself or my daughter/ward during 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.

Date: _____

Signature of Participant (or custodial parent/guardian if participant is under provincial/territorial age of majority) _____

PHOTOGRAPH OF PARTICIPANT

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



PERMISSION TO PICK UP GIRL MEMBER

Girl Guides of Canada strives to provide the safest possible environment for your daughter. In keeping with that goal, unit Guiders will only release your daughter/ward to individuals who have been authorized by you to pick up your daughter/ward after Guiding activities.

- a) My daughter/ward has my permission to make her own way home: Please initial _____
- b) In the space below, please list up to four people (*including yourself*) 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 unit Guiders. If there is a need for someone other than those listed above to pick up your daughter/ward, please inform the unit Guider in writing. In an emergency situation, the unit Guider may accept verbal authorization from you.*

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