Must be completed for all overnight or Red level activities.
All adults whose ability to supervise could be affected by a life-threatening or health related condition or a medication they are taking, must inform the Responsible Guider, first aider and other supervisors as appropriate.

INSTRUCTIONS:

1. The information on this form may be used by and shared with GGC representatives or medical personnel to administer or authorize appropriate medical attention for you.
2. Completion of this form is required for overnight activities and Red level activities.
   a. For activities with an EMS response time less than 1 hour
      - Form is kept by the adult member/staff, or by another adult member/staff, who will inform the Responsible Guider of its location in case of a serious incident, or
      - It may be handed in to the Responsible Guider for the activity. It must be returned to the adult following the activity.
   b. For any activity with an EMS response time over 1 hour
      - The form must be provided to the first aider.
3. If you have a life-threatening or health related condition that could affect your ability to supervise girls, please see Safe Guide for further information.
4. If you have any disabilities that may require accommodation, disclosing and discussing them with us will help us accommodate you.
5. You may need to review and update this form periodically throughout the year.

PART 1 – CONTACT INFORMATION

Name: _____

Address: _____ Home phone: _____
Street City/Town Prov. Postal Code
Cell: _____

Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Family doctor name (optional) : _____ Phone: _____

Provincial health insurance number: _____
(optional; required for international travel)

PART 2 – ALLERGIES & DIET

Do you have any allergies? No ☐ Yes ☐ If yes, please provide details below:

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

If more space is needed, please attach additional page.

Do you carry allergy medication such as an Epi-pen or asthma inhaler?
No ☐ Yes ☐ If yes, please explain:

Do you have any dietary or food restrictions or needs?
No ☐ Yes ☐ If yes, please explain: *If more space is needed, please attach additional page.*

PART 3 – HEALTH /ACCOMMODATIONS

Do you require accommodations, additional supports, or modifications to act in your role?

☐ Yes ☐ No If yes, please provide details:

Is there any other information you would like the Responsible Guider or staff to know?

Health History

Only complete the following for activities with an EMS response time over 1 hour.
Are you subject to any of the following? (Please check all that apply):

☐ Arthritis ☐ Headaches ☐ Contact lenses ☐ Glasses

☐ Asthma ☐ Physical disability ☐ Motion sickness ☐ Sleepwalking

☐ Ear trouble

☐ Recent illness: please specify: _____

☐ Chronic health condition (e.g. arthritis, diabetes, epilepsy etc.): please specify:

_____

☐ Other – please specify: _____

PART 4 – MEDICATIONS

Any medication (over-the-counter and/or prescribed) must be brought by you and stored in a way where it is not accessible to girls.

Medications required for life-threatening allergies or medical conditions should be readily available at all times.

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: _____ Date: _____

Updated:

Signature: _____ Date: _____

This form is valid for one year. Updates may be required during this period.