

Guiders – Shred this form at the end of the Guiding year or return to parent/guardian.

INSTRUCTIONS

- The information on this form may be used by and shared with GGC representatives or medical personnel to:
 - Support the health and safety of your daughter/ward.
 - Administer or authorize appropriate first aid, medical attention or additional support for your daughter/ward
 - Obtain your permission on who is authorized to pick-up your daughter/ward.
- 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.
- 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.
- If the participant has a recent illness or injury or chronic condition that may increase the risk during 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: _____				Home phone: _____	
Street	City/Town	Prov.	Postal Code	Cell: _____	
Parent/Guardian Name: _____					
Address if different from girl's: _____					
Street		City/Town	Prov.	Postal Code	
Email: _____					
Home Phone: _____		Work Phone: _____		Cell Phone: _____	

Emergency Contact Name: _____		
Relationship to Girl: _____		
Home Phone: _____	Work Phone: _____	Cell Phone: _____

Family doctor name (optional): _____	Phone: _____
Provincial health insurance number: _____	
(optional; required for international travel)	

PART 2 – ALLERGIES & DIET

Does your daughter/ward have any allergies? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide details below:			
Food Allergy	Life Threatening?	Other Allergy (insects/environmental, etc.)	Life-Threatening?
	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 <input type="checkbox"/>
If more space is needed, please attach additional page.			
Does your daughter/ward need to keep with her an allergy medication such as an Epi-pen or asthma inhaler? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain:			
Does your daughter/ward have any dietary or food restrictions or needs? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain: <i>If more space is needed, please attach additional page.</i>			

Participant's Name _____

MIS # _____

Site/event _____

Year _____

PART 3 – HEALTH /ACCOMMODATIONS

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

- | | | | |
|---------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Headaches | <input type="checkbox"/> Contact lenses | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Asthma | <input type="checkbox"/> Glasses | <input type="checkbox"/> Mental health challenge |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Ear trouble | <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Cognitive or behavioral challenge |

☐ Recent illness: please specify: _____

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

☐ Other – please specify: _____

Does your daughter/ward know about menstruation? No ☐ Yes ☐

What accommodations, additional supports, or modifications would assist her participation?

If more space is needed, please attach additional page.
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.

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