girl scouts of ohio's heartland

Health Information, Emergency Contact Information and Permission to Treat with First Aid and Medical Authorization

ADULT HEALTH RECORD

Name: _____

Emergency Contact:_____

Address:_____

Phone Number: _____

Alternate Emergency Contact:_____

Home Phone:_____Phone Number: _____

Allergies: _____

Medications: _____

Any restrictions or other conditions that the facilitators should know about: _____

_____

_____

PLEASE FILL OUT EITHER SECTION ONE (CONSENT FOR MEDICAL TREATMENT) OR SECTION TWO (REFUSAL OF CONSENT FOR TREATMENT).

Section 1

Authorization to permit medical treatment. By signing below, I hereby give permission to the Girl Scouts of Ohio's Heartland Council, Inc. (Girl Scouts), their employees, members, or volunteers to provide routine first aid and to supervise self-medication and to seek medical assistance on my behalf in the event I am injured or becomes ill, and I am unavailable to indicate my wishes regarding treatment. I understand that the Girl Scouts and its members, volunteers, or employees shall not be held responsible for the cost of treatment, and in fact are authorized to bind me as the financially responsible party for the medical treatment. I hereby grant permission to physicians and other licensed health care providers and their designees to administer medical care through injury or illness evaluation, first aid care, and referral to duly licensed medical personnel when indicated.

_____ _____

Date Granted Signature

Medical Insurance Coverage Provider(s): _____

Section 2:

Refusal to consent to medical treatment. By signing below, I indicate that the Girl Scouts of Ohio's Heartland Council, Inc. (Girl Scouts), its volunteers, or employees are NOT authorized to allow the administration of health care to me the event of injury or sickness. However, I will not hold the Girl Scouts, its employees, members, or volunteers liable in any way for seeking emergency care (such as calling 911) or for providing any health information on this form to emergency personnel.

_____ _____

Date Refused Signature