

**Girl Scouts of West Central Florida
Health Examination Form
For Girls and Adults**

This Health Examination Form should be carried with the troop/group at all times. (See *Volunteer Essentials*, and *Safety Activity Checkpoints*, as indicated under each activity for information about health examinations).

Please Print

Name: _____ Birth Date: _____ Age: _____ Troop#: _____

Name of Parent/Guardian (or spouse): _____

Home Address: _____ City: _____ Zip: _____

Business Address: _____ City: _____ Zip: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

If not available in an emergency, notify:

1. Name: _____ Phone: (____) _____ Address: _____

2. Name: _____ Phone: (____) _____ Address: _____

Health History: (Give approximate dates)

Disorders

Frequent ear infections _____
Heart defect/disease _____
Seizures _____
Diabetes _____
Bleeding/clotting disorders _____
Musculoskeletal disorders _____

Allergies

Animals _____
Hay fever _____
Ivy poisoning, etc. _____
Penicillin _____
Asthma _____
Insects _____

Diseases

Chicken Pox _____
Measles _____
German Measles _____
Mumps _____

Other drugs including over the counter medications: _____

Other: _____

Operations or serious injuries (dates): _____

Chronic or recurring illness: _____

Special Dietary needs: _____

Current medications: _____

Is parent sending medications: _____ Yes _____ No

Other diseases or details of above: _____

Is participant currently under the care of a physician or psychologist? ___ Yes ___ No

Name of family physician/psychologist: _____ Phone #: _____

Name of dentist/orthodontist: _____ Phone #: _____

Do you carry family medical/hospital insurance? _____ If yes, indicate Carrier: _____

Policy or Group #: _____ **(NOTE: Your family insurance is primary coverage)**

Comments where Applicable:

Fainting: _____ Bed Wetting: _____ Sleep Disturbances: _____
Constipation: _____ Glasses/Contacts: _____ Hearing Impairment: _____
Emotional Disturbances: _____ Other: _____

Immunization History

Please record the date (month and year) of basic immunizations and most recent booster doses:

Vaccines	Date of Basic Immunization	Date of Last Booster
Diphtheria.....	1. _____	1. _____
Pertussis (Whooping Cough).....	2. _____	2. _____
Tetanus.....	3. _____	3. _____
DPT.....	4. _____	4. _____
Oral Polio (Sabin).....	5. _____	5. _____
Injectable Polio (Salk).....	6. _____	6. _____
Measles(hard measles, red measles) _____		
Mumps _____		
Rubella (German measles, 3 day measles) _____		
Other: _____		
Tuberculin test given (most recent) _____	Result _____	Positive _____ Negative _____

Activities

May this child take part in swimming activities? _____ Yes _____ No
If yes, may ear drops (alcohol/vinegar solution) be administered after swimming? ____ Yes ____ No
Are there any specific activities that should be restricted? _____
My child will have her own sunscreen: _____ Yes _____ No
I understand that sunscreen will not be provided: _____ (initial)

Additional Comments:

Important: The following section must be completed for participation.

This health history is correct so far as I know, and the person herein described has permission to engage in all activities except as noted by me.

COVID-19 Precaution

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of West Central Florida takes every safety and preventative precaution, Girl Scouts of West Central Florida can in no way warrant that COVID-19 infection will not occur through participation in council programs. I accept full responsibility for my/my child’s decision regarding safety protocols and exposure to COVID-19 risks, such as choosing not to wear masks or social distance regardless of my COVID-19 vaccination status.

Signature _____ Date: _____
Parent or Guardian

For specific activities requiring health examinations, please review *Safety Activity Checkpoints*, as indicated under each activity.

Signature _____ Date: _____
Person Administering Health Exam

Title/Position

Adult/Volunteer Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING GIRL SCOUTS OF WEST CENTRAL FLORIDA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Acknowledgment of Volunteer Status

As a volunteer, I acknowledge and agree I am not an employee of Girl Scouts of West Central Florida. I acknowledge and agree that I will not receive any compensation or benefit for my participation in volunteer Programs, nor will I be eligible for any coverage under the Workers' Compensation laws of Florida.

Signature of Volunteer/adult: _____ Date: _____

Print Name: _____

Assumption of Risk

I acknowledge and agree that any use of Girl Scouts of West Central Florida facilities, services, equipment and premises ("Facilities") and any participation in Girl Scouts of West Central Florida programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that Girl Scouts of West Central Florida, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Signature

Name (Print Clearly)

Date

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN: READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF GIRL SCOUTS OF WEST CENTRAL FLORIDA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM GIRL SCOUTS OF WEST CENTRAL FLORIDA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND GIRL SCOUTS OF WEST CENTRAL FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Assumption of Risk

I, in my legal capacity as the parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of Girl Scouts of West Central Florida facilities, services, equipment and premises ("Facilities") and any participation in Girl Scouts of West Central Florida programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that Girl Scouts of West Central Florida, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.



In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)