Girl Guides of Canada / Guides du Canada

PERSONAL HEALTH FORM FOR ADULTS H.2

Notes:
1. The information on this form may be used by and shared with GGC representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant, if needed.
2. Completion of this form is required for overnight activities and Red level activities. Please keep this form in your purse/with your belongings and inform the responsible Guider or another participant of its location (or you may hand it in to responsible Guider for the activity). For Adventure camping and adventure tripping it 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.

Name _____
Last name First name

Address _____
No. Street Apt. No. P.O. Box or R. R. No.

_____
City Province/Territory Postal Code

Phone: Home ( ) _____ Business ( ) _____

In an emergency, please notify:

_____
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

Family doctor _____ Phone ( ) _____

Provincial health insurance number (optional) _____

The activity/event/camp may include swimming hiking, boating, pitching tents, etc. Do you have **any physical, cognitive, emotional or behavioural limitations/challenges** that would require assistance and/or modifications to enable you to participate fully? ☐ Yes ☐ No If yes, please provide details:

Do you have any special instructions for Guiders/staff regarding your **health care and/or diet**?
☐Yes ☐ No If yes, please explain:

Are **corrective lenses** required? ☐Yes ☐ No Contact lenses? ☐Yes ☐ No

If you have **allergic reactions** to such things as food, insect stings, etc., please complete the following:

Allergy	*Life-Threatening?*	*Allergy*	*Life-Threatening?*
_____	☐Yes ☐ No	_____	☐Yes ☐ No
_____	☐Yes ☐ No	_____	☐Yes ☐ No
_____	☐Yes ☐ No	_____	☐Yes ☐ No

Medications: Any medication (over-the-counter and/or prescribed) must be brought by you.
Do you carry an asthma pump, Epi-pen or other medication?
☐Yes ☐ No If yes, please specify: _____

Continued on next page ….

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at www.girlguides.ca or contact your provincial office or the national office for a copy.

Only complete the following for Adventure Camping or Adventure Tripping
Are you subject to any of the following? (Please check all that apply):
☐ Arthritis ☐ Convulsions ☐ Motion sickness ☐ Diabetes ☐ Respiratory ailments ☐ Ear trouble ☐ Headaches ☐ Sleep walking ☐ Nightmares ☐ Other – please specify:
Chronic conditions or recent illnesses:
Please provide details of treatment required and name of medications you are bringing with you and which of the above condition(s) they are for
Note: *If you have been treated by a physician for an illness or injury within one month of the date of the activity, it is recommended that you provide the* ***Wellness Statement (H.5)*** *is completed and signed by a physician*

N. B. Every care and attention will be given to the health and comfort of the participant.

I hereby authorize a GGC representative to provide first aid and/or secure such medical advice and services (e.g., contacting EMS/ambulance) as may be deemed necessary for my health and safety. I agree to accept financial responsibility in excess of the benefits allowed by my provincial/territorial health plan and the Girl Guides of Canada insurance plan:

Signature of participant: _____ Date: _____

UPDATED:

Signature of participant: _____ Date: _____

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