

Adult Information and Health History Form

ADULT INFORMATION AND DRIVER ACCEPTANCE FOR TROOP OUTINGS

Please complete this form and return to your daughter's troop leader. All adults must be registered and have a background check on file to transport girls, attend troop meetings or attend any overnight trips.

Adult's Name _____ Troop # _____

Address _____ City _____ Zip _____

Driver's License # _____ State of Issue _____ Expiration Date _____

Automobile Insurance Carrier _____

Emergency Contact/Name _____ Cell Phone # _____

(Someone other than the parent/guardian who we can call in an emergency)

Driver Acceptance

I understand that when driving for Girl Scouts of Southern Alabama as a troop helper I am required to have a valid driver's license and current liability insurance. My driving record is free of at fault accidents and moving violations. I also understand that I will provide proof of a valid driver's license and current insurance upon request.

Hold Harmless Agreement

I hereby release and hold harmless Girl Scouts of Southern Alabama from any and all claims or liability arising from, out of or associated with my child's participation in any troop or council sanctioned activity. My signature is evidence of my release of council, its agents and employees.

Signature

Date/Updated Date

ADULT HEALTH HISTORY

Adult's Name _____ Date of Birth _____ Gender _____ Age _____

Adult's Physician _____ Phone # _____

Medical Insurance _____ Policy # _____ Group # _____

For your safety, is there a condition that you would like us to know (e.g. nosebleed, emotional disturbances, menstrual cramps, motion sickness, etc.)? _____

Are you currently under the physician's care for a medical problem? If so, explain: (optional) _____

List any allergies you may have (e.g. pollen, insect stings, foods, etc.) _____

Authorization for Treatment: I hereby give permission to the medical personnel selected by the Girl Scout adult in charge to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide and arrange any necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Girl Scout adult in charge to secure and administer treatment, including hospitalization, for the person named above. This completed form may photocopied for use off-site.

Signature

Date/Updated Date