

Participant Name : _____ Program Date(s): _____

Signatures

- Important - Must be Completed for Attendance

This health history is correct and complete as far as I know. The person herein described has permission to engage in all prescribed Girl Scout activities except as noted. ____ (Initials of Parents/Guardian/Adult Participant/Volunteer/Staff)

I hereby give permission to the acting first aider (first aid trained troop volunteer, event/camp staff) to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child as may be necessary, including, but not limited to, x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the Troop/event/camp staff to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. It is my intention that the troop leader or event/camp staff be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the troop/event/camp be treated as "personal representatives" for the purpose of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR 164.510(b) to the disclosure to troop/event/camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the troop/event/camp representatives related to the person's ability to participate in program activities; (ii) in the case of minors, to provide relevant information to the troop/event/camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the troop/event/camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Staff Member/Parent/Guardian: _____ Date: _____

Printed Name: _____ Relationship to Camper (if applicable): _____

**If for religious reasons you cannot sign this, contact Girl Scouts of New Mexico Trails Council for a legal waiver which must be signed for attendance.*

I understand that the activities offered as Girl Scouts of New Mexico Trails' resident camps possess inherent risks and I agree to allow my daughter to participate while abiding by the restrictions placed on my event/camp activities as deemed appropriate by camp staff, the American Camp Association, and Girl Scouts of the USA.

Signature of Staff Member/Parent/Guardian: _____ Date: _____

Printed Name: _____ Relationship to Camper (if applicable): _____