

Adult Emergency & Medical Information Form

This form is to be completed by all adults who accompany the troop/group. The form should be placed in a sealed envelope with the adult's name on the outside and kept with the girls' forms. These forms should be kept with the troop/group at all times and only needs to be opened in case of an emergency.

Name _____ Phone _____ Date of Birth ____/____/____
Address _____

Emergency Contact

Name _____ Relationship _____
Phone (Preferred) _____ (Alternate) _____

Second Emergency Contact

Name _____ Relationship _____
Phone (Preferred) _____ (Alternate) _____

Medical Information

Physician's name _____ Phone _____
Hospital preference (if any) _____
Allergies _____
Chronic conditions _____
Current medications _____
Additional remarks _____

PERMISSION

I acknowledge that I have received detailed information about the Girl Scout program and understand that participation involves a certain degree of risk. After careful consideration, I give the above-named Minor permission to participate in the program. I acknowledge that permitting the Minor to participate is in my sole discretion and that participation is voluntary and not required to be a member of Girl Scouts. I represent and confirm that the Minor(i) is in good health, (ii) has had no serious illness or accidents since their last physical exam (within the past twenty four months), and (iii) has no restrictions on participating in any activities. I understand in the case of a medical emergency, every effort will be made to contact me; however, Girl Scouts has my permission to secure emergency medical treatment for the Minor.

HOLD HARMLESS

I AGREE TO ASSUME THE FULL RISK of any and all injuries, damages and losses, regardless of severity, that I or the Minor may sustain as a result of participating in Girl Scout activities.

IN CONSIDERATION FOR THE PRIVILEGE OF PARTICIPATING IN THE PROGRAM AND OTHER VALUABLE CONSIDERATION, I, ON BEHALF OF MYSELF AND THE MINOR, HEREBY WAIVE, RELEASE, INDEMNIFY, HOLD HARMLESS AND FOREVER DISCHARGE TO THE FULLEST EXTENT PERMITTED BY LAW THE GIRL SCOUTS OF SOUTHWEST INDIANA, INCLUDING ITS OFFICERS, DIRECTORS, AGENTS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, AND EMPLOYEES (HEREINAFTER COLLECTIVELY "GSSI") FROM AND AGAINST ALL CLAIMS, ACTIONS, DEMANDS, ATTORNEY'S AND EXPERT FEES, DAMAGES, LOSSES, INJURIES, ILLNESSES, COSTS, EXPENSES AND/OR LIABILITIES (COLLECTIVELY "CLAIMS"), WHETHER SUCH ARISES BASED ON NEGLIGENCE OR BY ANY STATUTORY OR COMMON LAW THEORIES, (INCLUDING WITHOUT LIMITATION ALL INJURIES, DISABILITY OR DEATH) ARISING OUT OF, IN CONNECTION TO, OR IN ANY WAY ASSOCIATED WITH GIRL SCOUT ACTIVITIES, THE GRANT OF RIGHTS HEREUNDER OR BREACH OF THESE REPRESENTATIONS AND WARRANTIES AND EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF THE SOLE NEGLIGENCE OR CARELESSNESS ON THE PART OF GSSI. I HEREBY AGREE THAT GSSI SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS, OF ANY KIND, WHICH I OR THE MINOR MAY SUSTAIN WHILE PARTICIPATING IN GIRL SCOUTS, WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF GSSI AND I AGREE TO INDEMNIFY AND TO HOLD HARMLESS GSSI, FROM ANY CLAIMS WHATSOEVER INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEY'S AND EXPERT FEES.

BY SIGNING BELOW I HEREBY REPRESENT AND CONFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE IMPORTANT INFORMATION, WARNING OF RISK, ASSUMPTION OF RISK, WAIVER, AND A RELEASE AND INDEMNITY FOR ALL CLAIMS. I HEREBY REPRESENT THAT I AM THE PARENT/GUARDIAN OF THE MINOR AND I AGREE THAT THE ABOVE AGREEMENT BINDS ME AND THE MINOR TO ALL TERMS HEREOF. I FURTHER REPRESENT AND CONFIRM THAT I HAVE THE AUTHORITY TO SIGN THIS FORM ON BEHALF OF THE MINOR.

Signature _____

Date _____

Printed Name _____