



**Applicant Information and Confidential Medical Information**

Although Girl Scouts of Southeastern New England is not subject to HIPAA (Health Insurance Portability and Accountability Act) privacy rules (in regard to workshop participants), we do keep all medical information and health forms confidential.

These GSSNE Adventure programs and training workshops use a variety of activities including warm-ups, games, team-building initiatives, and low and high challenge course activities. Some programs include additional rigorous physical activities such as rappelling and rock climbing. Some of these activities can be physically demanding. Although some activities are physically demanding, our programs are designed to be within the capability of anyone who is in reasonably good health. All activities are presented on a "Challenge by Choice" basis. This means that participants choose their own level of participation. Although safety is a very high priority for all GSSNE adventure programs, there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury. Each participant in a GSSNE adventure program is required to have health/accident insurance coverage. The information requested on this medical information form is intended to help inform GSSNE staff of any pre-existing medical conditions, and to help determine if consultation with your physician is recommended prior to participating in the training. If you have a pre-existing medical condition, participation in some of the more strenuous activities may not be recommended. This information will be kept in strict confidence by GSSNE and only shared with your permission.

**Part One – General Information**

Name \_\_\_\_\_ Sex M \_\_\_\_ F \_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Do you have health/accident insurance? (circle one). . . . . no ....yes

If yes, name and address of company:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any limiting medical conditions that you or your doctor feel would limit your participation in a GSNEI training workshop? (circle one) . . . . .no ...yes

If yes, identify and explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently taking medication? (circle one) . . . . .no.... yes

If yes, please indicate the medication and the condition being treated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies, reactions to medications, or other medical limitations? (circle one). . . . . no..... yes

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part Two – Medical History**

Do you currently have **OR** do you have any history of the following?

- heart palpitations       heart attack
- heart disease           symptoms of chest pain or pressure with exertion
- heart murmur           currently taking medication for high blood pressure
- high blood pressure     stroke
- chest pain or pressure

If you checked any of the items above, please provide additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part Three – Additional Factors**

Do you have diabetes? (circle one). . . . .no .....yes

If yes, please indicate if it is (circle one):

- 1. insulin dependent diabetes OR
- 2. non-insulin dependent

Is there a history of heart disease in your family? (circle one) . . . . . no .....yes

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you smoke? (circle one).....no .....yes

Are you a former smoker? (circle one) ..... no .....yes

If yes, how long ago did you quit? \_\_\_\_\_

Please indicate which statement best describes how often you exercise:

- little or no exercise on a regular basis
- occasional exercise 1 or 2 times per week
- vigorous exercise (e.g., 20 minutes of running, walking at a fast pace or equivalent 3 times per week or more)



|   |                      |
|---|----------------------|
| In the event of injury or illness, please indicate who should be contacted: |                      |
| Name _____  | Relationship _____   |
| Address _____   |                      |
| Home phone no. _____  | Work phone no. _____ |

**Physician Consultation**

If you checked **any** boxes in **Part Two - Medical History**, we strongly recommend that you consult with your physician prior to participating in a GSSNE Adventure training or other strenuous physical activity. These conditions include a personal history of heart disease, chest pain or pressure, high blood pressure, or stroke.

Diabetes, smoking, sedentary lifestyle, being overweight, family history of heart disease, and age (over 45) are also recognized as cardiac risk factors. If you have **three or more** of these risk factors, we strongly recommend that you consult with your physician prior to participating in a GSSNE Adventure training or other strenuous physical activity.

This medical information form is intended to help prospective participants determine who may need to consult with their physician prior to participation. If you are uncertain about **any** preexisting medical conditions, we strongly recommend that you consult with your own physician prior to participating in a GSSNE Adventure training.

If you or your physician requires additional information about activities in any particular GSSNE Adventure training, please contact us.

In preparation for this GSSNE Adventure training I have consulted with my physician: (circle one) NO YES

If yes, check most appropriate description:

\_\_\_ I have been advised that I may participate fully in the workshop without limitation

\_\_\_ I have been advised that I should **not** participate in the GSSNE training workshop

\_\_\_ I have been advised that I may participate in the training workshop, but should avoid certain activities. Please provide additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Participant Release of Liability**

I affirm that the confidential medical information that I have provided is accurate and complete. I understand that failure to disclose this information could affect my own safety and those around me, and I agree to hold GSSNE harmless if full disclosure of a preexisting medical condition has not been provided. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization or other treatment, which may become necessary.

I understand that parts of the GSSNE Adventure program may be physically and emotionally demanding. I agree to follow all safety instructions given by GSSNE staff during the training workshop. I recognize the inherent risk of injury or disability in GSSNE Adventure activities. I understand that each participant must assume the risk of injury or disability that could result from any of these activities. I release GSSNE Inc., its staff members, and Board of Directors, from all liability for any injury to me from participation in GSSNE Adventure activities.

**Participant Signature**

\_\_\_\_\_

Today's Date: \_\_\_\_\_ Name/Type of Workshop:

\_\_\_\_\_ Date(s) of Workshop: \_\_\_\_\_

**Photo/Media Release**

I grant to GSSNE, Inc. the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of me for use in materials they may create.

Signature: \_\_\_\_\_

**Questions or Concerns?**

Please contact Charlotte Markey at 401-331-4500 ext. 1419

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