Girl Guides — Wellness Statement H.5

1. The information on this form may be used by GGC representatives or medical personnel to administer or authorize appropriate health care or medical attention for the participant, if needed.
2. It is recommended that the Wellness Statement is completed and signed by a physician if, within one month of the date of the activity, the participant has been treated by a physician for an illness or injury that will have an impact on participation (e.g., fracture, recent diagnosis of diabetes, meningitis, operation, pneumonia, etc.).

PART A. To be completed by Guider:

Name of participant: _____

Activity: _____ Date(s) of activity: _____

Physical requirements of the activity:

_____

PART B. To be completed by the physician:

Please assess participation based on the following questions:

Yes	No	Question
☐	☐	Are there potential health risks in managing the illness, injury or other health concern with an appropriate standard of care during the activity? (If yes, specifics of that care must be detailed below.)
☐	☐	Does the illness, injury or other health concern limit the ability of the participant to safely engage in the activity?
☐	☐	Will the illness, injury or health concern affect the health or safety of other participants?
☐	☐	Could hospitalization or ongoing professional treatment be required during the activity?

If the answer is yes to any of the above questions, complete the remainder of this form.

Nature of illness or injury: _____

_____

_____

When did it occur: _____

Ongoing treatment: _____

_____

_____

_____

_____

_____

Any potential problems that the adults in supervisory roles may need to be aware of: _____

_____

_____

_____

_____

I have examined the above patient and believe that she is capable of safely and fully participating in the activity to the best of her ability and with minimal physical assistance. I further agree that the ongoing treatment as outlined above is accurate.

_____ _____

Signature of physician Date of signing

_____ _____

Name of physician (print) Telephone number

PART C. Consent

To be completed by parent/guardian

I understand that my child/ward will be expected to safely and fully participate in the program to the best of her ability and with minimal physical assistance. I further understand that if it is deemed by the Responsible Guider, in consultation with other Guiders, that my child/ward's participation has posed a safety risk to herself or others in the group, I will be consulted and will be responsible for arranging transportation home for my daughter/ward at my expense.

I give permission for the release of health information about my daughter's/ward's condition as deemed necessary by the Responsible Guider to support her health and safety and the safety of others during Girl Guide activities.

_____ _____

Custodial parent / guardian signature (if participant is a minor) Date of signing

_____

Relationship to child/ward

OR

To be completed by participant, having reached the provincial age of majority.

I understand that I will be expected to safely and fully participate in the program, to the best of my ability, with minimal physical assistance. I further understand that if it is deemed by the Responsible Guider, in consultation with other Guiders and myself, that my participation is/has posed a safety risk to myself or others in the group that I will be required to return home at my expense.

I give permission for the release of health information about my condition as deemed necessary by the Responsible Guider to support my health and safety and the safety of others during Girl Guide activities.

_____ _____

Participant signature Date of signing