AMERICAN HERITAGE GIRLS®
FAITH | SERVICE | FUN

American Heritage Girls
Troop GA3106
Adult Health & Medical Form

This form is required to be kept updated yearly or as needed and on file at all Troop events. All medical information is kept private and only released if medically necessary.

Volunteer Information

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

BEST METHOD: ☐ CALL ☐ TEXT ☐ EMAIL

Emergency Contacts

NAME: _____ NAME: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

PHONE: _____ PHONE: _____

Insurance/Medical Coverage

PROVIDER: _____

POLICY HOLDER: _____ POLICY #: _____

EFFECTIVE DATE: _____ GROUP #: _____

ATTACH PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD(S)

Physician Information

PRIMARY PHYSICIAN: _____ PHONE: _____

DENTIST: _____ PHONE: _____

PREFERRED HOSPITAL: _____

Allergies

Please list all known allergies (medications, food, environmental, etc.), typical reaction and usual treatment.

ALLERGY:	REACTION:	TREATMENT:

Existing Medical Conditions

Check all that apply to your child.

- ☐ Anxiety
- ☐ Asthma
- ☐ ADD/ADHD
- ☐ Autism Spectrum Disorder
- ☐ Convulsions/seizures
- ☐ COPD
- ☐ Depression
- ☐ Diabetes
- ☐ Excessive fatigue
- ☐ Fainting or dizziness
- ☐ Head injury/concussion
- ☐ Heart attack/chest pain
- ☐ Heart murmur/Coronary Artery Disease
- ☐ Hemophilia or Blood disorders
- ☐ Hypertension (High Blood Pressure)
- ☐ Kidney Disease
- ☐ Lung/Respiratory disease
- ☐ Menstrual Cramps
- ☐ Migraines/Chronic headaches
- ☐ Motion/Altitude sickness
- ☐ Muscular/Skeletal Conditions
- ☐ Neurological Disorders
- ☐ Nosebleeds
- ☐ PTSD
- ☐ Sinus Problems
- ☐ Sleep Apnea
- ☐ Sleepwalking
- ☐ Stroke/TIA
- ☐ Thyroid Disease
- ☐ Other (please list below)

Additional Notes about the member's behavior, physical, emotional or mental health needs pertinent to their participation in American Heritage Girls:

Medications

☐ No medications routinely taken

☐ The medications listed below are regularly taken (including inhalers, Epi-Pens, over the counter medications, homeopathic, and prescription medications). If medications of any type will be taken or needed during Troop meetings, events, activities or trips, please fill out the ***Request for Medication Administration Form***. If additional lines are needed, please attach a separate page.

MEDICATION: DOSAGE: PURPOSE:

Tetanus Immunization

AHG policy requires all registered members to have Tetanus immunization within the last 10 years.

☐ I have received tetanus immunization on: _____

☐ I have not received tetanus immunization and would like to request exemption based upon a lack of immunization records, religious, philosophical or medical grounds.

SIGNATURE: _____

Release for Medical Treatment

I give my permission for full participation in American Heritage Girls programs, events and activities, subject to limitations noted herein. I know of no health reason(s), other than the information indicated in this form, why I should not participate in any of the American Heritage Girls activities.

PLEASE INITIAL ONE:

_____ In case of an emergency, I understand every effort will be made to contact me (or my next of kin). In the event that contact cannot be made, I hereby give my permission to the licensed health-care provider selected by my Troop or Charter Organization to secure proper treatment, including related transportation, hospitalization, anesthesia, surgery, or injections of medication, except as noted. I agree to the release of records necessary for treatment.

_____ I do NOT give my consent for medical treatment. In the event of illness or injury requiring treatment, I wish AHG volunteers to take no action beyond basic first-aid measures.

I hereby attest to the correctness and authenticity to the information herein about myself.

_____ _____

SIGNATURE OF PARTICIPATING ADULT **DATE COMPLETED**

Please complete and return to American Heritage Girls Troop GA3106 via US Mail or in person along with a photocopy of front and back of the child's healthcare/insurance cards.

PLEASE DO NOT SCAN OR EMAIL THIS FORM!

AHG Troop GA3106
c/o Oconee Heights Baptist Church
4180 Jefferson Road
Athens, GA 30607