



Adult Activity Waiver - Emergency Information

This optional form may be requested by event coordinators when hosting adult participants for travel or rigorous physical activities. The Adult Health History form VP-87 is no longer required.

This form is used in all situations except for Overnight Camp where an adult volunteer or paid staff member must submit the Resident Camp Health Form.

Name of activity: _____

Date: _____

I, _____, the undersigned, attest and verify that I am mentally and physically fit and able to participate in this event/activity and acknowledge that I am aware of the inherent risks in participating in this event/activity. I understand that as a registered adult volunteer of Girl Scouts of Eastern Missouri I am covered under the Girl Scout Activity insurance when participating in a Girl Scout event.

___ I waive this opportunity to disclose my health history.

___ I choose to disclose the following health information, e.g. insect or food allergies, that may be helpful for a first aider or event coordinator to know about me:

Medical Information to Relay to EMS

Are you currently taking prescription medications? ___ Yes ___ No

Either of the following used? ___ Inhaler ___ EpiPen

Name of Medication	Dosage	Frequency

Please provide any current medical information or chronic conditions that should be relayed to EMS in case of emergency.

Signature: _____ Date: _____

Print Name: _____

Troop, District, Neighborhood (if applicable): _____

Emergency Contact: _____ Relationship: _____ Phone: _____