



Girls on the Run Health History Form

Instructions: Parent or guardian must complete this form and return prior to or by the first day of Girls on the Run season.

NAME: _____

AGE: _____

BIRTH DATE: _____

TODAY'S DATE: _____

Please check if participant has a history with any of the following:

YES

_____ 1. Heart disease or heart problems

_____ 2. Hypertension or high blood pressure

_____ 3. Stroke

_____ 4. Diabetes or abnormal blood sugar test

_____ 5. Epilepsy or seizures

_____ 6. Abnormal chest X-ray

_____ 7. Asthma or Allergies (if yes, does participant use an inhaler?)

_____ 8. Orthopedic or muscular problems

_____ 9. Any other health issues (if yes, please describe)

_____ 10. Does participant use prescription drugs (if yes, please list drugs)

_____ 11. Does participant live with or spend a lot of time with someone who smokes?

_____ 12. Does participant have close relatives (mother, father, sibling) with a history of heart disease?

Who should we contact in case of emergency?

_____ Phone: _____

_____ Phone: _____

Who is your child's pediatrician/family physician?

_____ Phone: _____

Insurance Information

Is the patient covered by family medical/hospital insurance?

- Yes No

If yes, indicate carrier or plan name:

Group#:

Carrier address:

Name of insured:

Relationship to participant:

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

I hereby give permission to the medical personnel selected by Girls on the Run to provide transportation and obtain medical care for my child. In the event that I or my emergency contact cannot be reached in an emergency, I hereby give permission to the healthcare provider selected by Girls on the Run to secure and administer treatment, including hospitalization for the person named above (Girls on the Run participant).

Signature of Parent/Guardian

Date

Parental/Guardian Informed Consent Form

Introductory Statement

Thank you for choosing to enroll your daughter in the Girls on the Run program. The following information explains that program. Please read it carefully and do not hesitate to ask questions about the program or the information below.

Purpose of the Program

The purpose of the program is to increase your daughter's activity/fitness level and self-esteem while at the same time teaching life skills that will be beneficial to her as she enters middle school/adolescence.

Pre- and Post-Session Evaluation

With your permission, your daughter may complete a confidential pre and post survey at the beginning of the program and at its end. The survey measures student attitudes toward school, family, self, and peers. Your daughter will not be asked to provide her name on her survey. The purpose of the survey is to measure any group attitudinal changes that may (or may not) occur because of participation in the Girls on the Run program. This survey was developed especially for Girls on the Run by Dr. Rita Debate, Ph.D, MPH, CHES. Overall evaluation results are posted on our website (www.girlsontherun.org).

Discomforts and Risks

Serious health risks are rare. Physical reactions to exercise may include heat related illnesses, abnormal heartbeats and blood pressure and, in rare instances, heart attacks. While Girls on the Run takes all reasonable precautions, we can make no guarantees regarding these risks. I agree not to hold Girls on the Run International or Girls on the Run of (council name) liable for any injury or damages due to participation in the Girls on the Run Program.

Release

During the program we occasionally take photos and videos of the girls for use at their banquet. With your permission given herein, we may also use these photos and videos for future brochures, publications, or in other ways to promote the program. (Photo release) With your permission given herein, we also provide registration and testing information about participants to the national office of Girls on the Run. (Registration and Testing Release)

Authorization

I have read this form and understand there are inherent risks associated with physical activity. To the best of my knowledge there are no contradictions to my daughter's participation in the Girls on the Run program. By my signature below, I give permission for my daughter to participate in this program, including the evaluation testing, for any pictures or videos in which she appears to be used as described above, and for the information specified above to be provided to the national office of Girls on the Run.

Participant's name (print please)

Signature of Parent or Guardian

Date