

Girl Scouts of California's Central Coast

Risk Management Plan

for

Day Camp/Program Name

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Girl Scouts of California's Central Coast

Crisis Plan

A crisis is an incident of a serious nature causing disruption or potentially causing disruption to the operation of the event. Crises include, but are not limited to: fatality, serious injury, bus or car accident, kidnapping, allegation of child abuse, lost camper or staff, fire or other natural disaster, and other occurrences which may adverse media or legal implications.

Crises begin abruptly but may have effects for a long time. Always remember that we represent Girl Scouting, our individual Council, and GSUSA. We are responsible to our Board of Directors and take direction from our attorneys and insurance companies.

The Crisis Plan should be activated anytime one of the above occurs. Notify police and/or emergency vehicles if a crisis required this type of assistance. Contact the appropriate council staff representative. If she/he is not available, contact the back up person from the emergency telephone list in the order listed.

CRISIS TEAM

A crisis team should be established on site. The members of the team are not necessarily by their position in camp, but rather **by their personality and ability to perform calmly under great stress**. Team members should be thoroughly familiar with the "crisis responsibilities" before a crisis occurs. Select team members during Pre-event Training so that they can meet, talk about and understand all aspects of the plan. Review all emergency plans.

- a) **Crisis Coordinator** will handle all crisis-related matters. She serves as liaison to the council staff representative, relaying all factual information and responding to direction in dealing with crisis decisions. This should be someone who attended the Risk Management Training, but not the health supervisor.
- b) **Program Coordinator** will handle all regularly scheduled events. She will give direction to staff and participants in order to carry on regular event programming. She will develop diversion activities.
- c) **Security Coordinator** will refer the media to contact the council spokesperson and also monitor all people movement on and off the site.
- d) **Logistics Coordinator** will handle all site related response, including need for any special equipment and, if necessary, monitoring of an accident scene.
- e) **Telephone Monitor** will answer all incoming telephone calls and keep a log of all crises related calls in and out of the site.
- f) **Documentor** will document everything that happens throughout the entire crisis.
- g) **First Aider** will be responsible for responding to emergency medical needs.
- h) **Floater**s are responsible to assume any of the above functions.

Points to Remember for all Crisis Team Members:

1. Do not make any statements to press or public. Refer everyone to call the council spokesperson unless you have been directed otherwise.
2. Do not specify names of individuals until directed by attorneys.
3. Do not make statements accepting or denying responsibility.
4. Cooperate with authorities.

Council Representative's Responsibilities:

1. Give direction to Event Director
2. Prepare statements and become spokesperson for the organization.
3. Make decisions as to contacting next of kin if necessary.
4. Coordinate with attorney and Insurance Company.
5. Communicate with other Councils, GSUSA, etc.
6. Make decisions as to contacting parents of event participants.

Response:

1. All telephones on site (including pay phones) will be monitored and no outgoing calls will be made by staff or participants, except crisis team members.
2. Site will have strict security
3. All staff will be reminded that only the designated spokesperson makes official statements.
4. All staff participants involved in the crisis will be reminded that they could be called in the future to make additional statements. They should keep the staff representatives informed of address and telephone numbers and clear all requests for information with Council attorney.
5. All staff and participants will be provided with support to express their feelings

EMERGENCY PHONE NUMBERS

Rationale

These emergency telephone numbers need to be visible so that in an emergency, staff will be able to notify officials quickly with accurate information.

Plan

1. List the emergency phone number of local officials.

- 9-1-1, if you are in a 9-1-1 zone
- Other (if not in 9-1-1 zone) _____
- Council offices
 - ♦ Northern Hub (800) 624-4757
 - ♦ Central Hub (805) 596-0280
 - ♦ Southern Hub (805) 822-2427
- Animal Control _____
- Poison Control _____
- Council Representative's cell phone # _____
- Council Representative's home # _____

1. What is the site address or directions to be given in case of emergency?

_____ Site Phone # _____

Suggestions

1. These phone numbers should be reviewed yearly.
2. Also, post information on what to say, e.g. name of reporting party, site address and phone number, in case local official did not understand message and needs to return the call for clarification.

CONTACTING LAW ENFORCEMENT OFFICIALS

Rationale

In the event of an emergency, law enforcement officials should be aware of activities occurring at the site and the crime coordinator should be aware of the emergency services available and any limitations.

Plan

1. The name of the law enforcement agency contacted _____

Phone # _____

2. Official's Name _____ Date Contacted _____

3. The location of the law enforcement agency is

4. The response time to the site is _____

5. Other law enforcement agencies in the area and services available

Suggestions

1. Check into all law enforcement agencies to determine which one should be contacted first in an emergency or if there is one emergency phone number to call.
2. Find out if a law enforcement agency will contact the site in an emergency such as a fire. If so, ask to be placed on the notification list.

CONTACTING FIRE OFFICIALS

Rationale

In the event of an emergency, fire officials should be aware of activities occurring on the site and the crisis coordinator should be aware of the emergency services available and any limitations.

Plan

1. The name of the fire department or district _____

Phone # _____

2. Official's name _____ Date Contacted _____

3. The location of the fire department is

4. The response time to the site is _____

Suggestions

1. Check to see if fire department is volunteer or professional.
2. Ask the Fire department if they have paramedic and/or search and rescue services available.

PARTICIPANT CHECK-IN AND CHECK-OUT

Rationale

The event director assumes the responsibility of the health and welfare of the child when a minor participates in a program without being accompanied by a parent or designated guardian. The director is responsible for seeing that the child is returned to the parent(s) who have legal custody or the parent's designee.

Plan

1. What are the procedures for check in?

2. What are the procedures for check out?

3. What are the procedures if someone wishes to check a child out early?

4. When and how are parents notified if someone who is not authorized, requests to take a child from your custody?

5. When is the law enforcement office called if an unauthorized person requests to take a child from your custody?

6. By Whom? _____

Participant Check-In and Check-Out (continued)

Suggestions

1. Confirmation packages should include the *Girl Release Form* for parents to indicate who will be authorized to pick up the participant at the program site.
2. Since many transportation plans are not completed at the time of registration, information on the registration card should be verified at check-in.
3. During check-out, the person supervising participants should know who is to pick up each participant and what to do if someone comes who is not an authorized person.
4. **The child's ability to recognize a person picking her up is not authorization.** Many children would willingly go with a relative or neighbor who says their mother said to pick them up or with a divorced parent who does not have custody.
5. A system to actually sign the child over to the person picking the child up is the best assurance that the child has been turned over to the parent or another person authorized by the parent.
6. Check-out is also an opportunity to tell the parent how much the participant enjoyed the experience, how well the participant did and begin the recruiting process for another year or program.
7. When parent understands the rationale for such procedures, they are likely to cooperate and appreciate the concern and responsibility shown for the children in your care.

SITE EVACUATION/CANCELLATION

Rationale

An evacuation plan enables the event director to quickly organize and remove part of all of the population to a predetermined safer location.

Plan

1. Reasons site might need to be evacuated

2. Who determines the need for an evacuation? _____

3. Who has written copies of the site evacuation plan? _____

4. Who is in charge of evacuation? _____

5. Who is back up person? _____

6. Who is responsible for bringing personal medication? _____

7. Who is responsible for bringing first aid kit? _____

8. Mode of transportation and alternate

9. Safe locations to go to (attach a map) _____

10. Who will stay behind if necessary? _____

11. Alternate routes of the site

12. Take the following (based on the emergency, possible return and time of day) :

All belongings

Snack

Raincoats

Water

Jacket

Shoes

- Participant and staff list with home phone numbers
- Participant and staff health forms
- Description of vehicles and license plate number

Site Evacuation/Cancellation (continued)

13. Method to account for people at the site:

Campers _____

Staff _____

14. Who will notify council office? _____

15. Notification of authorities? Who? _____ When? _____

16. What are the procedures for contacting parents and who will place the calls?

17. What is the plan to continue communications:

With site _____

With Council _____

With authorities _____

18. Who notifies neighbors if they are threatened by the emergency caused by your event and in which manner? _____

19. Who will assist victims? _____

20. Who determines safe return to site? _____

Suggestions

1. People you may want to consult in developing a plan include: Red Cross Disaster Service, Council staff representatives.
2. In some emergencies, someone may need to stay behind to help authorities guard the site, etc. It would be helpful to know in advance who will stay in which circumstance.

DIVERSION ACTIVITIES

Rationale

During an emergency situation, it is often necessary to occupy and/or distract participants from the emergency.

Plan

1. Who will lead diversion activities? _____

Songs

Games

Suggestions

1. A variety of songs, games and other activities should be planned during staff training for use during possible emergencies. The list should consider size of group, size of space and probable length of time.
2. It is helpful to pre-assign several staff to be in charge of diversion activities.
3. Consideration should be given to dividing staff between diversion activities and response to the emergency.
4. Diversion activities should not be implemented in areas (i.e. crafts, swimming, archery) which are not affected by an emergency.

EMERGENCY PROCEDURE AND REPORT

For each child, a copy of the *Annual Permission form, Health History Record, Emergency Procedures Form, Girl Release Form, and Emergency Procedure card* **MUST** be in the possession of the adult in charge at all meetings, events and activities, etc. Extra insurance claim forms **MUST** be on hand as well.

GENERAL GUIDANCE

- A. Care of injured or ill person(s) is the first concern.
- B. Good judgment and calm behavior play an important part in what the ultimate effect will be on the group involved and on the public. Care must be taken in oral and written communications to say **nothing** that can be interpreted as an assumption of legal or financial responsibility by the Girl Scout organization. Refer all media inquiries to the Executive Director or alternates as listed. Do not discuss any situation with anyone other than employed staff and parents.
- C. All leaders, camp personnel and employed staff know the steps for immediate care that must be taken, such as: giving first aid, getting medical assistance, and filling out insurance forms, etc.

PROCEDURES FOR MAJOR EMERGENCIES

Injury or illness requiring doctor, hospital or ambulance service:

- 1. Secure proper medical attention and follow proper first aid treatment.
- 2. Place competent person in charge of the rest of the group.
- 3. In case of injury, secure names and complete identifying information about all individuals and/or witnesses involved.
- 4. Collect all other relevant facts such as nature of accident, when, where and how it happened, who was in charge, action taken so far. In case of illness, details pertaining to symptoms.
- 5. Notify family.
- 6. Call Executive Director for injuries more severe than a sprained or broken limb.
- 7. File written **Emergency Procedure and Report - Form #421** (page 3) with Executive Director within 24 hours.
- 8. Give accident insurance claim to doctor and/or hospital, as appropriate. Instruct them to mail to the council office.

Accidental or natural death:

- 1. Secure proper medical attention.
- 2. Call police. See that no disturbance of victim or surroundings is permitted until police have assumed authority.
- 3. Place competent person in charge of the rest of the group.
- 4. Notify family and call the Executive Director.
- 5. Collect all pertinent information.
- 6. File written Emergency Procedure and Report - Form #421 (page 3) with Executive Director within 2 business days.
- 7. Give accident insurance claim to doctor and/or hospital, as appropriate.

Girl Scouts of California's Central Coast
EMERGENCY PROCEDURE AND REPORT
(CONT.)

Fire, flood, earthquake or evacuation:

1. Account for all participants - Roll Call or Buddy Check.
2. Report to proper authorities such as police, fire department or forest ranger, etc.
3. Keep group together if possible, or if necessary to split up, designate a competent person to be in charge of each group.
4. Notify families and call the Executive Director.
5. File written Emergency Procedure and Report - Form #421 (page 3) with Executive Director within 24 hours.

Missing Person:

1. Roll call of all personnel to verify and identify missing person or persons to determine time and location last seen.
2. Immediately notify police, fire department or forest ranger, etc.
3. Keep group together under responsible adult supervision.
 5. After two (2) hours, call the family and Executive Director.

Communicable Diseases:

1. Identify disease and isolate affected individual(s) as necessary.
2. Notify families of people exposed.
3. File written Emergency Procedure and Report - Form #421 (page 3) with the Council office within 24 hours.

REMEMBER, KEEP CALM AND DO NOT TALK TO ANY MEDIA.

Chief Executive Officer:	Sharon Reece, <i>Northern Hub Office</i> (800) 624-4757 ext. 103	(831) 601-2395 (cell)
Northern Hub Regional VP:	Vicki Myers <i>Northern Hub Office</i> (800) 624- 4757 ext. 105	(831) 726-6459 (cell)
Central Hub Regional VP:	Karen Skole <i>Central Hub Office</i> (805) 596-0280	(703) 304-1958 (cell)
Southern Hub Regional VP:	Marti Tucker <i>Southern Hub Office</i> (805) 822-2427 ext. 304	(805) 233-2350 (cell)
Southern Hub Senior Membership Development Director <i>se habla español</i>	Olivia Niles <i>Southern Hub Office</i> (805) 822-2427 ext. 310	(805) 340-2315 (cell)
GSCCC Northern Hub office	10550 Merritt St., Castroville, 95012	(800) 624-4757
GSCCC Central Hub office	880 Industrial Way, SLO, 93401	(805) 596-0280
GSCCC Southern Hub office	801 S. Victoria, Ste. 202, Ventura 93003	(800) 822-2427



INJURY/INCIDENT REPORT

THIS FORM IS TO BE COMPLETED IN THE EVENT OF INJURY/INCIDENT TO A GIRL OR ADULT WHILE ATTENDING ANY GIRL SCOUT EVENT WHERE AN INSURANCE CLAIM WILL BE SUBMITTED OR FOR DUCUMENTATION PURPOSES.

Person Reporting Injury/Incident

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Position in Girl Scouts: _____

Injured Person-Person(s) Involved in the Incident

Name: _____ Girl Adult

Date of Injury: _____ Time of Injury: _____

Location of Injury: _____

Brief Description of Incident: _____

Person Accompanying Injured to a Medical Facility

Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Position in Girl Scouts: _____

Reporting

- Was an insurance claim forwarded to the council office? Yes No
- Please document the incident on a separate sheet of paper. Include: Who, What When, Where, and planned after-action steps.

Information regarding all individual involved in incident

Name	Age	Address & Telephone	Child	Adult	How Involved?

Information regarding all witnesses involved in incident:

Name	Age	Address & Telephone	Child	Adult	How Involved?

Submit this form within 5 days of injury to: Regional Vice President of council hub nearest to you.

MISSING PERSONS

Rationale

It is essential to have a well-developed plan to respond quickly to a person on the site or in an off-site activity.

Plan

1. First step to take when someone is thought to be missing:
 - a) Question those who saw person last. Was person angry, depressed, or particularly excited about something? Did person tell you of any plans to go somewhere or have a favorite spot or friend or leader? Ask for time and locations last seen. Record information.
 - b) Check area where person was last seen.
 - c) Check sign-out book to see if person left site and with whom.
 - d) If not found, notify designated person in charge of missing persons.

2. Who will document throughout the incident?

3. Names of designated persons for internal search of site:

4. List areas you will search and be specific to your site:

5. Names of designated persons for a water search for a lost person:

Missing Persons (continued)

6. At what point will the council office be contacted? _____
Who will contact the council office? _____
7. At what point would notification of law enforcement take place?

8. At what point would notification of parents take place?

9. Who has written copies of this plan? _____
10. How is the plan practiced? _____
11. How often is a head count made? _____
12. Procedures for contacting persons who have registered and do not show up at designated time:

13. Procedures for making sure leaders are aware of “no show” or “early departure” participants:

Suggestions

1. Be specific with your internal search procedures so all adult members are aware of their responsibilities. Know who is included in the search and who is to stay with the rest of the girls. Other participants may be involved in diversion activities planned ahead of time. **Girls should never assist with search.**
2. Being sensitive to the moods of participants and conversations that take place can prevent problems.
3. Procedures should be developed for checking sign in and sign out books and/or daily participant lists for persons who may have signed up to attend and not shown up. A phone call to find out why shows concern both for the safety of the child and sincere interest in their continued participation.

CHILD ABUSE
(Also see Child Abuse Policy in Operations and Program Manuals)

Child abuse is defined by law as: physical injury, sexual abuse including sexual assault and sexual exploitation; willful cruelty or unjustifiable punishment (including mental suffering); corporal punishment or injury; and neglect.

A child is defined as a person under the age of 18.

Abuse may be caused by an adult or by another child.

Volunteers should:

1. Be aware of the physical and behavioral indicators of child abuse.
2. Be sensitive to the needs of the child when discussing child abuse.
3. Be alert to the behavior of adults on the site.

If abuse is suspected in a setting away from day camp, council procedures should be followed. Notify council staff about the situation.

If abuse is suspected as occurring during an event, the following is important:

1. Don't panic or overreact to information.
2. Don't criticize the child.
3. Do respect the child's privacy and discuss the situation with only appropriate people.
4. Do encourage the child to talk to an appropriate adult about what has happened.

The following steps should be taken:

1. Get as many facts as possible.
2. Notify the appropriate council staff representative.
3. Isolate alleged perpetrator.
4. Notify Sheriff or Police.
5. Complete *GSCCC Injury/Incident Report*
6. C.P.S. (Children Protective Services) will be notified.
7. Document everything that is said.

EMERGENCY SYSTEM

Rationale

Repeated emergency drills familiarize participants and adults with emergency procedures and helps to prevent panic.

Warning systems create an efficient method to quickly communicate to the entire site population. Everyone on the site should know what the warning system means and the action they are to take.

Plan

1. What is your warning system? _____
2. How is the warning system tested and maintained to ensure operation when needed?

3. Can the warning system be heard throughout site? _____
4. If not, how is warning relayed? _____
5. How are adults and participants informed of these emergency procedures?

6. When is your scheduled emergency drill conducted with participants and adults?

7. Who initiates an emergency drill? _____
8. Who is responsible for the list of all participants and adults? _____
9. When did you have the drill? Day _____ Time _____ How long did it take?

Suggestions

1. A warning or alarm could be anything from blowing a car horn, an air horn, ringing bells, or setting off an automatic alarm.
2. Emergency procedures should be posted in strategic places and go to:
 - a) Volunteer adults
 - b) Council office
 - c) Headquarters
 - d) First aid area
3. Drills for emergencies common to the area should be conducted within 24 hours of arrival on site.
4. Drills must include an accounting of every person on the site.

INTRUDERS

Rationale

The event director assumes the responsibility of the safety of the child when a minor participates in a program without being accompanied by a parent or designated guardian, and should know who is on site at all times and why they are there.

Plan

1. What are the procedures for visitors to check in and out of the event?

2. How are visitors identified?

3. What precautions are followed to reduce the risk of intruders?

Suggestions

1. All visitors should register with the designated headquarters (which is clearly marked) when they arrive and when they leave.
2. It is a good idea to have an event adult member accompany the visitor throughout camp.
3. A clearly visible button worn by the visitor will help identify her/him to both adults and campers.
4. If there is an uninvited intruder and it is safe, two adult members should approach the intruder and ask who they are and why they are at the site. The intruder should be asked to leave the site and the adult members should accompany the intruder off the site.
5. If it is unsafe to approach the intruder, adults should:
 - Remove themselves and girls from danger.
 - Notify the event director and provide the director with pertinent information.
 - Watch where the intruder goes (from a safe distance).
6. Event director will notify authorities.
7. The crisis plan should be started.

DESCRIPTION OF INTRUDER

Date _____

Time _____

Number of Intruders _____

	#1	#2	#3	#4
Approximate Age (s)	_____			

Approximate Height _____

Skin Color _____

Hair Color _____

Eye Color _____

Any Scars/Marks _____

Clothing Worn _____

Did they have any visible weapons? _____

If yes, what? _____

Mode of transportation: Foot, bike, motorcycle, car? _____

Where were they in camp? _____

What did they do? _____

What dialogue was exchanged with them and by whom?

INCIDENT PHONE LOG

<u>Your Name</u>	<u>Who called/You called</u>	<u>Phone #</u>	<u>Time</u>	<u>Date</u>
------------------	------------------------------	----------------	-------------	-------------

Conversation:

<u>Your Name</u>	<u>Who called/You called</u>	<u>Phone #</u>	<u>Time</u>	<u>Date</u>
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Conversation:

<u>Your Name</u>	<u>Who called/You called</u>	<u>Phone #</u>	<u>Time</u>	<u>Date</u>
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Conversation:

<u>Your Name</u>	<u>Who called/You called</u>	<u>Phone #</u>	<u>Time</u>	<u>Date</u>
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Conversation:

<u>Your Name</u>	<u>Who called/You called</u>	<u>Phone #</u>	<u>Time</u>	<u>Date</u>
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Conversation:

<u>Your Name</u>	<u>Who called/You called</u>	<u>Phone #</u>	<u>Time</u>	<u>Date</u>
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Conversation:

<u>Your Name</u>	<u>Who called/You called</u>	<u>Phone #</u>	<u>Time</u>	<u>Date</u>
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Conversation:



Girl Scouts.

ANNUAL PERMISSION

October 1, 20__ to September 30, 20__

COMPLETE THIS FORM AT REGISTRATION TIME. THIS FORM WILL BE RETAINED BY THE TROOP/GROUP LEADER.

Girl Scout		Member ID		Troop	Service Unit
Street Address		City		State	Zip Code
Home Phone	Other Phone	Grade (fall 20__)	Birth date	School	

Permission for Trips

My daughter/ward has permission to travel to, attend and participate in troop and council-sponsored activities that are 1) located within one hour's driving time of the regular meeting place, 2) not exceeding 6 hours, and 3) not considered high risk activities as outlined in *Safety-Wise*©.

Yes No

Initialed _____

Permission to Participate in Product Sales

My daughter/ward has permission to participate in the fall and cookie product sales programs. I agree to accept financial responsibility for all products and money she receives and understand that she must have adult guidance at all times when participating in a Girl Scout product sale program. I understand that Daisy Girl Scouts **MAY NOT PARTICIPATE** in money-earning activities, however in the new GSCCC they may participate in product sales. I further understand that my daughter/ward may not take product orders before the official start of the product sale program as determined by Girl Scouts of California's Central Coast.

Yes No

Initialed _____

Permission to Use Photographs

Girl Scouts of California's Central Coast has permission to use photographs of my daughter/ward for publicity purposes. I understand that her last name and residence will not be used for publicity purposes.

Yes No

Initialed _____

Permission for Emergency Medical Treatment and Health History

I understand that in the event of an emergency due to sickness or accident, the troop/group leader or a representative of Girl Scouts of California's Central Coast will make every effort to contact me or the emergency contact designated below. If no contact can be made, I authorize Girl Scouts of California's Central Coast to seek treatment for my child by a licensed medical professional under the Medical Practice Act and pursuant to Section 25.8 of the California Civil Code. I have completed the Health History record on the reverse side of this form.

Yes No

Initialed _____

If permission is not given in writing, provide the reason and a signed statement providing release of liability with alternate instructions and attach to this form.

Special Accommodations

My daughter/ward requires the following special accommodations (write "none" if there are none) _____

Emergency Contact

Name	Phone(s)	Relationship to Child
------	----------	-----------------------

Parent Agreement

I have read and understand this Annual Parent Permission form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/group leader.

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date	
Street Address	City, State, Zip	E-Mail Address	
Home Phone	Work Phone	Mobile Phone	Other Phone



Girl Scouts®

HEALTH HISTORY RECORD

To be completed and signed by parent/guardian and updated annually

Name _____ Date of Birth _____ Age _____
Address _____ Troop No. _____
Parent/Guardian _____ Phone () _____
Home Address _____
Business Address _____ Phone () _____

In Emergency Notify:

Name _____ Relationship _____
Address _____ Phone () _____
Name of Family Physician _____ Phone () _____
Family Medical Hospital _____ Address _____
Insurance Carrier _____ Group No. _____ Member No. _____

Racial/Ethnic Information (Optional information to assist in serving our diverse community)

Spanish/Hispanic ___ American Indian/Alaskan Native ___ Asian/Pacific Islander ___ Black ___ White ___ Other ___

Part I: Illnesses and Injuries (Check all that apply and give appropriate dates)

Chronic or Recurring Illness:

- ___ Ear infection ___ Bleeding/clotting disorders ___ Hypertension ___ Asthma
___ Heart defect/disease ___ Musculoskeletal disorders ___ Seizures ___ Diabetes
___ Other (specify) _____

Date of last health examination _____

Were any complicating medical problems noted in last health examination? _____

Are you currently under the care of a physician or psychologist? _____

Since last health exam, have you had:

- a serious injury requiring medical attention? ___ an illness lasting more than five days? ___
any prescribed or over-the-counter medication? ___ a surgical operation or fracture? ___
treatment in a hospital or emergency room? ___ any restrictions concerning physical activities? ___
any exposure to a contagious disease? ___

Please explain any "yes" answers to the above questions (include dates) _____

Part II: Allergies (Check all that apply and specify nature of allergic reaction)

- ___ Animals ___ Hay fever ___
___ Pollen ___ Food ___
___ Plants ___ Insect stings ___
___ Medicines/drugs ___
___ Other (specify) _____

Part III: Other Health Conditions (Check all that apply)

- ___ Bed wetting ___ Emotional disturbances
___ Constipation ___ Fainting
___ Menstrual cramps ___ Hearing impairment
___ Motion sickness ___ Sickle cell trait or disease
___ Nosebleeds ___ Special dietary regimen
___ Sleep disturbances ___ Wears glasses or contacts
___ Other (specify) _____

Please explain any items that are checked. Indicate any information useful to the person in charge in relation to any of these health conditions. Also, indicate any activities to be restricted: _____

Part IV: Immunization History

Table with 3 columns: Immunization, Year Primary Series Completed, Year of Last Booster. Rows include D.P.T., Diphtheria, Pertussis, Tetanus, Td, Oral Polio, Measles, Mumps, Rubella, Hbpv, Other, and Tuberculin test.

Parent Consent:

In the event of an emergency, every effort will be made to contact a parent or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of California's Central Coast to seek treatment for my child or myself by a licensed physician under the Medical Practice Act, pursuant to Section 25.8 of the California Civil Code.

Signature of Parent/Guardian _____

Date _____



PERMISSION TO RELEASE GIRL SCOUT TO ADULT OTHER THAN PARENT/GUARDIAN

I give permission for my daughter, _____
to attend the Girl Scout event/meeting on _____ at _____
date location

The following individuals have permission to pick up my daughter from this event:

Name: _____ Relationship to Girl: _____

Name: _____ Relationship to Girl: _____

Name: _____ Relationship to Girl: _____

My daughter knows and recognizes the above individuals: Yes No

My daughter may never be release to the following individuals:

Name: _____ Relationship to Girl: _____

Name: _____ Relationship to Girl: _____

Printed Name of Parent/Guardian

Phone: _____

Signature of Parent/Guardian

Date: _____

THIS SECTION TO BE GIVEN TO AN INDIVIDUAL NOT NAMED ABOVE WHO WILL PICK UP YOUR CHILD

This is to introduce _____
name of individual picking up your child

He/she has permission to pick up my daughter, _____
from the Girl Scout event/meeting on _____ at _____
date location

Girl Scouts of California's Central Coast has permission to release my daughter into the care of the above-named individual:

Printed Name of Parent/Guardian

Phone: _____

Signature of Parent/Guardian

Date: _____

Council Emergency Procedures



Girl Scouts.

The following **EMERGENCY PROCEDURES** have been established:

- A. Have a Parent Permission form and Medical History form (when applicable) for each girl in your charge.
- B. Keep emergency numbers easily accessible. In Northern California use 911 for fire, police, and ambulance. In other areas, have the following emergency numbers on hand:

Hospital: _____	Sheriff: _____
Fire Department: _____	Highway Patrol: _____
Forestry Service: _____	Ambulance Service _____
Mountain Rescue: _____	

The person in charge (leader, camp director, etc.) must have numbers of nearest hospitals and location of parent emergency telephone numbers available.

- C. In the event of a serious accident, give priority attention and care to the injured party(s).
 - a. Contact hospital, ambulance, police, and clergyman as appropriate.
 - b. In the event of a fatality, always notify the police. One adult must remain at the scene of the accident to ensure nothing is disturbed until police arrive.
 - c. Contact council designated person(s):

Girl Scouts of California's Central Coast

Northern Hub:

831-633-4877 / 1-800-624-4757

Southern Hub:

805-880-4217/1-800-822-2427

If unable to contact the council office, call in the following order:

Sharon Reece, CEO	1-800-624-4757	x 103	831-601-2395
Vicki Myers, Region VP (Northern Hub)	1-800-624-4757	x 105	831-726-6459
Karen Skole, Regional VP (Central Hub)	1-805-596-0280		704-304-1958
Olivia Villalobos-Niles, SMDD (Southern Hub)	1-800-822-2427	x 210	805-340-2310

(Se Habla Español)

- d. Contact parents if instructed to do so by the council contact.
 - e. Follow-up: sketch of scene, name and addresses of all witnesses, record of events as they occurred (when police were called, what time they arrived).
 - f. Refer media inquiries to council persons named above.
- D. Minor Accidents and Illness:
 - a. It may be necessary to take the child to a medical facility or doctor. This action may be taken at the discretion of the First Aider. In case of illness, contact the parent(s) for instructions before seeking medical aid.
 - b. Notify parent(s) and make arrangements for returning child to their care.
- E. Complete all insurance materials, attach hospital and/or doctor payments due, and return to the council office.
- F. Additional Recommendations:
 - a. Medical attention is given by the First Aider in charge; however, the person with authority must make the final decision as to what action to take following initial medical treatment.
 - b. In the event a child must be taken to a medical facility, except where emergency conditions exist, the First Aider should remain with the group. If possible, two adults should accompany the child.
 - c. All animal bites must be reported to the County Health Department.
 - d. When dealing with the media, please refer them to the council office or council representative at the scene of the accident.

Make NO statements about any accident or incident except to law enforcement officers or medical professionals. Refer all other requests for information to the CEO or Director of Communications.