Girls on the Run® of Silicon Valley - Health History /Consent Form

Thank you for choosing to enroll your daughter in the Girls on the Run program! Please read the following information 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.

Discomforts and Risks

Physical reactions to exercise may include heat-related illnesses, abnormal heartbeats and blood pressure and, in rare instances, events such as "heart attacks." Serious health risks are rare. While GOTR 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 Silicon Valley liable for any injury or damages due to participation in the GOTR program.

Photo Release

During the program we occasionally take photos of the girls during the sessions. With your permission given herein, we may use these photos for future brochures, publications, or in other ways to promote the program. With your permission given herein, we also provide registration information about participants to the national office of Girls on the Run**.**

Field Trip Permission

During the program the girls will undertake a community service project, such as, but not limited to, helping out a at local high school track meet. Should the project take us off site, each parent is responsible for providing transportation for the participant to and from the site of the community service project.

Authorizations

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 for the Girls on the Run program. By my signature below, I give permission for my daughter to participate in this program and for any pictures 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. I also understand that I will need to furnish transportation for my daughter to and from the locale of the community service project and I hereby give her permission to participate in such project..

I also hereby acknowledge that I will pick up my daughter in a timely manner at the end of each session or that she will be timely picked up by one of the following persons:

Name_____ Phone numbers (incl. cell phone)_____
Name_____ Phone numbers (incl. cell phone)_____
Name_____ Phone numbers (incl. cell phone)_____
Takes herself home_____ (initial if applicable)_____

_____ _____
Participant's name (please print) Signature of parent/guardian Date

Health History: to be completed by parent/guardian.

NAME:_____ GOTR SITE:_____

DATE:_____ AGE:_____ BIRTHDATE:_____

Please check if you have any of these problems.

YES	**YES**
___ 1. Heart disease or heart problems	___ 2. Hypertension - high blood pressure
___ 3. Stroke	___ 4. Diabetes or abnormal blood sugar test
___ 5. Epilepsy or seizures	___ 6. Abnormal chest X ray
___ 7. Asthma-Allergies	___ 8. Orthopedic or muscular problems

___ 9. Any other major health problems (if yes, please list)_____
___10. Use of prescription drugs (if yes, please list drugs)_____
___11. Do you live with or spend a lot of time with someone who smokes cigarettes?
___12. Do you have close relatives (mother, father, sister, brother) who have a history of heart disease?

(THESE ARE COMMON HEALTH PROBLEMS THAT ARE IMPORTANT TO BE AWARE OF, SO OUR EXERCISE ROUTINES WILL BE SAFE.)

Emergency Contacts:
Name_____ Phone_____ Name_____ Phone _____
Parent's cell phone number _____ Parent's work phone number _____
Who is your child's pediatrician/family physician? _____ Phone _____
Is the participant 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 an emergency, if neither myself nor my emergency contact can be reached, I hereby give permission to the physician 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