

Girls on the Run of N.E. Florida, Inc. Consent & Health History Form

Please read the following information carefully. In order for your daughter to participate, this must be completed and returned to your coach at the first lesson.

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 adolescence.

Pre- and Post-Session Evaluation

With your permission, your daughter may complete a confidential pre- and post-test at the beginning and end of the program. The test measures student attitudes toward school, family, self, and peers. Your daughter will not be asked to provide her name on her test. The purpose of the test is to measure any group attitudinal changes that may (or may not) occur because of your daughter's participation in the Girls on the Run program. We will gladly provide a copy of the test upon request.

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 N.E. Florida, Inc. liable for any injury or damages due to participation in the GOTR program.

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 brochures, web sites, newspaper articles 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.

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 above release information.

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 _____

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 _____