



# Girls on the Run of Southeastern District Health

## HEALTH HISTORY

Instructions: Parent/Guardian please complete the information below.

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

GOTR SCHOOL: \_\_\_\_\_

Directions: Please check if your child has any of these problems. Please note, that these are common health problems that are important to be aware of so our exercise routines will be safe.

### 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. Does the participant live with or spend a lot of time with someone who smokes?
- 12. Does the participant have close relatives (mother, father, sister, brother) who have 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 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 personnel selected by Girls on the Run to provide transportation and obtain medical care for my child. In the event I or my emergency contact cannot be reached, in an emergency, 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).

Signed by Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## PARENTAL/GUARDIAN INFORMED CONSENT

### 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 will complete a 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 your daughter's participation in the Girls on the Run Program. This survey was developed especially for GOTR by Rita Debate, PhD at UNC-Charlotte. We will gladly provide a copy of the survey upon request.

### Discomforts and Risks

Physical reactions to exercise may include heat related illnesses, abnormal heartbeats and blood pressure and, in rare instance 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 Southeastern District Health liable for any injury or damages due to participation in the Girls on the Run Program.

### Release

During the program we occasionally take photos of the girls. With your permission given herein, we may also use these photos 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 for 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 in which she appears to be used as described above, and for the information specified above to be provided to the national office of GOTR.

Participant's Name (Please Print) \_\_\_\_\_

Signed by Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_