

HEALTH INFORMATION PRIVACY STATEMENT

The Girl /Adult Health Record is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health form will be retained by the sponsoring council or GSUSA until it is destroyed. All forms/records with noted treatment will be retained for seven years (for minors, past the age of maturity of the participant.) Access to the information will be limited, but copies may be requested from the event sponsor, by the participant or their legal representative. I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

This health history is correct, and except as noted, I know of no reasons why my child (or myself) should not participate in camp activities.

Signed (Parent or Guardian) _____ Date _____