



# GIRL/ADULT HEALTH HISTORY FORM

Girl Scouts of Silver Sage  
8948 W Barnes St, Boise, ID  
83709  
(208) 377-2011 or (800) 846-0079  
customer@girlscouts-ssc.org  
www.girlscouts-ssc.org

- Girl Member
- Adult Member

Please Print Clearly in Ink

Troop #: \_\_\_\_\_

Service Unit #: \_\_\_\_\_

### Contact Information

|                          |             |                |
|--------------------------|-------------|----------------|
| First Name               | Middle Name | Last Name      |
| Mailing/Physical Address |             | City State ZIP |
| Home Phone               | Cell Phone  | E-mail Address |

### Parent/Guardian #1 (complete for girl only)

|                                   |             |                |
|-----------------------------------|-------------|----------------|
| First Name                        | Middle Name | Last Name      |
| Address (if different from above) |             |                |
| Home Phone                        | Cell Phone  | E-mail Address |

### Parent/Guardian #2 (complete for girl only)

|                                   |             |                |
|-----------------------------------|-------------|----------------|
| First Name                        | Middle Name | Last Name      |
| Address (if different from above) |             |                |
| Home Phone                        | Cell Phone  | E-mail Address |

### Emergency Contact (non-parent)

|              |             |            |
|--------------|-------------|------------|
| First Name   | Middle Name | Last Name  |
| Relationship | Home Phone  | Cell Phone |

### Health Information

|   |                   |
|---|-------------------|
| Name of Family Physician                  | Phone             |
| Family Medical/Hospital Insurance Carrier | Policy or Group # |
| Family Dental Insurance Carrier           | Policy or Group # |

Troop Leader — Please retain this for your records

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Immunizations are up to date yes no N/A

Date of last Tetanus shot / / Date of last health examination / /

Were there any medical problems at the time? \_\_\_\_\_

Has the participant had any recent injuries or surgery? yes no. If yes, please explain and specify the date:

Does the participant take any prescribed medications on a regular basis? yes no

If yes, please state the medication and reason:

Is the participant restricted or limited from participating in any physical activity yes no

If yes, please explain

Participant has the following health conditions/allergies (food and medications)

ADHD Asthma Diabetes Headaches Seizures N/A

Other \_\_\_\_\_

Allergies (specify) \_\_\_\_\_

### Permission

When participating in Girl Scout activities the registrant may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA.

- I give permission to the registrant to be photographed, videotaped, or otherwise electronically imaged.  
 **I DO NOT** give permission for the registrant to be photographed, videotaped, or otherwise electronically imaged.

Signature of Parent/Guardian \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Authorization

**Medical Attention: Check One:**

- If my child needs medical attention while participating in Girl Scout activities, I authorize the adult in charge to see that my child receives reasonable first aid and to transport my child to a healthcare facility for emergency services as needed.  
 **I DO NOT** authorize **MEDICAL CONSENT** and understand this information will be in the Leader's possession during Troop/Group meetings, day camps, and special events.

Signature of Parent/Guardian \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

This health form is complete and accurate. The participant can engage in all prescribed activities except as noted.

Signature of Parent/Guardian \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

**Troop Leader — Please retain this for your records**