



GIRL/ADULT HEALTH HISTORY FORM

Girl Scouts of Silver Sage Council
1410 Etheridge Lane
Boise, ID 83704
(208) 377-2011 or (800) 846-0079
FAX (209) 377-0504
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 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 of Group #
Family Dental Insurance Carrier	Policy or Group #
Age: _____	Immunizations Up to Date ___yes ___no
Date of last Tetanus shot: / /	
Date of last health examination: / / Where there any medical problems at the time?	
Has participant had any recent injuries or surgery? ___yes ___no If yes, please explain and specify date:	
Does participant take any prescribed medications on a regular basis? ___yes ___no If yes, please state medication and reason:	
Is 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 __Other _____ Allergies (specify):	

Authorization	
Parent/Guardian Authorization Check One:	
___ In the event that my child needs medical attention while participating in Girl Scout activities, I authorize the adult in charge to see that my child received reasonable first aid and to transport my child to a health care facility for emergency services as needed.	
___ I DO NOT desire to 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: _____	Date: _____
Adult Member Authorization	
This health form is complete and accurate. I am able to engage in all prescribed activities except as noted.	
Signature of adult: _____	Date: _____