

## ADULT HEALTH HISTORY FORM

Attendee's Name:	
Home Phone:	
Do you have any allergies? YES	
Please describe:	
Do you carry any medications (epi-pen, inhaler, et	tc.)? YESNO
List:	
Emergency contact on day of event (not attending)	):
Name:	
If an emergency should arise which requires immed	Relationship: liate medical attention, and I/guardians are unable to give my ed, you are authorized to initiate whatever steps are needed to
Signed:	Date:
girl scouts of central california south ADULT HE	Serving girls in Fresno, Madera, Kern, Kings, and Tulare Counties Toll Free: 1(800) 490 – 8653 <u>www.girlscoutsccs.org</u> ALTH HISTORY FORM
Attendee's Name:	
Home Phone:	
	NO
Please describe:	
Do you carry any medications (epi-pen, inhaler, et	c.)? YESNO
List:	
Emergency contact on day of event (not attending	):
Name:	
Cell Phone:	Relationship:
consent or my emergency contact cannot be reacher protect my health.	liate medical attention, and I/guardians are unable to give my ed, you are authorized to initiate whatever steps are needed to
Signed:	Date: