



Girl Health History Form

Girls Name: _____ Age: _____

Parent's Name: _____

Parent's Cell Phone: _____

Does your Girl Scout have any allergies? YES _____ NO _____

Please describe: _____

Does your Girl Scout carry any medications (epi-pen, inhaler, etc.)? YES _____ NO _____

List: _____

Emergency contact on day of event (not attending):

Name: _____

Cell Phone: _____ Relationship: _____

If an emergency should arise which requires immediate medical attention, and I/guardians are unable to give my consent or my emergency contact cannot be reached, you are authorized to initiate whatever steps are needed to protect my child's health.

Signed: _____ Date: _____



Girl Health History Form

Girls Name: _____ Age: _____

Parent's Name: _____

Parent's Cell Phone: _____

Does your Girl Scout have any allergies? YES _____ NO _____

Please describe: _____

Does your Girl Scout carry any medications (epi-pen, inhaler, etc.)? YES _____ NO _____

List: _____

Emergency contact on day of event (not attending):

Name: _____

Cell Phone _____ Relationship: _____

If an emergency should arise which requires immediate medical attention, and I/guardians are unable to give my consent or my emergency contact cannot be reached, you are authorized to initiate whatever steps are needed to protect my child's health.

Signed: _____ Date: _____



Adult Health History Form

Attendee's Name: _____

Home Phone: _____

Do you have any allergies? YES _____ NO _____

Please describe: _____

Do you carry any medications (epi-pen, inhaler, etc.)? YES _____ NO _____

List: _____

Emergency contact on day of event (not attending):

Name: _____

Cell Phone: _____ Relationship: _____

If an emergency should arise which requires immediate medical attention, and I/guardians are unable to give my consent or my emergency contact cannot be reached, you are authorized to initiate whatever steps are needed to protect my health.

Signed: _____ Date: _____



Adult Health History Form

Attendee's Name: _____

Home Phone: _____

Do you have any allergies? YES _____ NO _____

Please describe: _____

Do you carry any medications (epi-pen, inhaler, etc.)? YES _____ NO _____

List: _____

Emergency contact on day of event (not attending):

Name: _____

Cell Phone: _____ Relationship: _____

If an emergency should arise which requires immediate medical attention, and I/guardians are unable to give my consent or my emergency contact cannot be reached, you are authorized to initiate whatever steps are needed to protect my health.

Signed: _____ Date: _____