

Serving girls in Fresno, Madera, Kern, Kings, and Tulare Counties Toll Free: 1(800) 490 - 8653

www.girlscoutsccs.org

Girl Health History Form

Girls Name:	Age:
Parent's Name:	
Does your Girl Scout have any allergies? YES	NO
Please describe:	
Does your Girl Scout carry any medications (epi-pen, inhaler, etc.)? YESNO
List:	
Emergency contact on day of event (not atte	nding):
Name:	
	Relationship:
• •	mmediate medical attention, and I/guardians are unable to give my eached, you are authorized to initiate whatever steps are needed to
Signed:	Date:
girl scouts of central california south	Serving girls in Fresno, Madera, Kern, Kings, and Tulare Counties Toll Free: 1(800) 490 – 8653 www.girlscoutsccs.org
	rl 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.)? YESNO
List:	
Emergency contact on day of event (not atte	nding):
Name:	
	Relationship:
If an emergency should arise which requires in consent or my emergency contact cannot be reprotect my child's health.	nmediate medical attention, and I/guardians are unable to give my eached, you are authorized to initiate whatever steps are needed to
oigneu.	Date:



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Adult Health History Form

Attendee's Name:		
Home Phone:		
		NO
Please describe:		
		NO
List:		
Emergency contact on day of event (no	t attending):	
Name:		
Cell Phone:	Relationship	0:
· ·		ention, and I/guardians are unable to give my orized to initiate whatever steps are needed to
Signed:		Date:
girl scouts of central california	Serving girls in	Fresno, Madera, Kern, Kings, and Tulare Counties Toll Free: 1(800) 490 – 8653 www.girlscoutsccs.org
south	Adult Health History	
Attandag's Namo	•	
Attendee's Name:		
Home Phone:		
Do you have any allergies? YES		
Please describe:		
		NO
List:		
Emergency contact on day of event (no	t attending):	
Name:		
Cell Phone:	Relationship:	
consent or my emergency contact cannot protect my health.	ot be reached, you are autho	ention, and I/guardians are unable to give my prized to initiate whatever steps are needed to
Signed:		Date: