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Girl Health History Form

The Leader keeps this form for their records after it is completed and signed by the parent(s)/guardian(s).

Personal Information

Girl's Name: _____
First Last

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ DOB: _____ Age: _____

Is she current on her immunizations? _____ Date of last health examination: _____

Is she allergic to any medications? _____ If yes, please list: _____

Is she allergic to insect stings? _____ If yes, please list: _____

If yes to insect stings, does she carry self-injected epinephrine? _____

Does she have any other allergies? _____ If yes, please list: _____

Are there any medical conditions we need to be aware of? _____ If yes, please list? _____

Please list any medications she is currently taking: _____

Insurance Information

Company Name: _____ Policy #: _____

Policyholder's Name: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____
Address City State Zip

Home phone: (____) _____ Cell phone: (____) _____

Consent to Treat A Minor Form

I understand that the information that is on this form will be used to keep my daughter safe and in the event of an accident will be used to seek medical treatment.

I hereby give permission to the staff representative(s) at the Wilderness Road Girl Scout Council and/or the troop/group leader(s) and/or chaperone(s) of my daughter to seek emergency medical treatment due to an accident or illness while participating in Girl Scout activities.

I understand that I will be notified as soon as possible. In the event, I am unreachable; I authorize the hospital and/or physician(s) to administer treatment to my daughter; and the release of any records necessary for insurance purposes. I understand that I am responsible for any balance that is incurred from the hospital and/or physician.

Print Parent/Guardian(s) Name

Parent/Guardian(s) Signature

Date