

ADULT HEALTH HISTORY

Girl Scouts.		council emergency # (602) 531-5935 Please note any health condition or concern that should be considered during activities.		
Troop #		se note any health condition or concern Asthma Diabetes Convulsions	Heart Disease Glasses/Contact Lenses Kidney/Bladder Problems	
Address Alt Phone Alt Phone Email	Of Of		·	
		ergies (Please Specify)		
EMERGENCY CONTACT Name Alt Phone		Medicine/Drugs		
Address		· ·		
City State/Zip	L	Other		
do hereby authorize medical attention from a qualified doctor/healthcare provider in the event of a medical ertransportation to a medical facility if required.	d and licensed medical nergency, and the Appl	tment facility: e of Birth / / roximate Date of Last Tetanus Sho	only requested by the emergency ot / Phone	
Signature	Date Name	e of Insurance Provider (if any)	Policy/Group #	
AE-48 NA GSACPC, Inc. 03/08				
Girl Scouts–Arizona Cactus-Pine Council, Inc.				
Girl Scouts.			EALTH HISTORY nergency # (602) 531-5935	



• •	council elliel gency # (002) 331-3933		
Froop # Adult Address Phone Alt Phone	Please note any health condition or concern that should be considered during activities Asthma Heart Disease Diabetes Glasses/Contact Lenses Convulsions Kidney/Bladder Problems Other: Other:		
Email	Allergies (Please Specify)		
EMERGENCY CONTACT Name	☐ Animals ☐ Medicine/Drugs ☐ Foods ☐ Hay Fever ☐		
Phone Alt Phone			
Address City State/Zip	☐ Insects Stings		
do hereby authorize medical attention from a qualified and licensed medical doctor/healthcare provider in the event of a medical emergency, and the ransportation to a medical facility if required.	The following information is commonly requested by the emergency treatment facility: Date of Birth / Approximate Date of Last Tetanus Shot /		
Signature Date	Name of Doctor/Healthcare Provider Phone		
	Name of Insurance Provider (if any) Policy/Group #		