

Girl Medical History and Release Form



Girl's Name: _____ Date of birth: _____ Age: _____

Address: _____

Caregiver's Name: _____ Phone: _____

Caregiver's Email: _____

Transportation Information

I understand that my Girl Scout will **only** be released to the people listed below with proper ID:

Name	Relationship to Girl Scout	Phone #
------	----------------------------	---------

Name	Relationship to Girl Scout	Phone #
------	----------------------------	---------

Medical Information

This section **must** be completed by all Girl Scouts and adults attending event.

Name _____ DOB _____

Date of last vaccine - if this information is no longer available, write C for childhood if immunized as child.

DPT: _____ Measles/Mumps: _____ TB: _____ Polio: _____ Tetanus: _____ Hepatitis: _____

Are medications currently being taken: ☐ No ☐ Yes, please specify: _____ (below)

(Medication must be in original container with written instructions and given to the health supervisor at camp or troop leader.)

Are there any special needs or accommodations required? If yes, please explain: (below) _____

Are there any known behavior and/or emotional concerns or anything else that would be helpful to know? If yes, please explain: _____

Allergies and/or dietary modifications: _____

888.350.5090 | gsw.org
customercare@gsw.org



In Partnership With:



Girl Medical History and Release Form

Is participant in good physical condition with no serious illness or operation since last health exam?

☐ Yes ☐ No

If no, please specify: _____

Physician's Name: _____ Phone #: _____

Insurance Information:

Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate carrier or plan name: _____ Group #: _____

Name of insured: _____ Relationship to participant: _____

Policyholder or insurance ID number: _____

Emergency Contact Information

Emergency contact in case we can't reach caregiver:

Name	Relationship to Girl Scout	Phone #
------	----------------------------	---------

Caregiver Permission and Consent to Treatment

_____ is in good physical health and has had a physical examination in the past 12 months. Participant has my permission to attend Girl Scout activities and to participate in all activities except those noted. I have read the flier and understand and agree to cooperate with all regulations. I understand that some events that are attended may have a refund policy that will be shared at the time of registration for said event.

Emergency Medical Authorization: This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed Girl Scout activities except as specifically noted.

Authorization for Treatment: In the event reasonable attempts to contact me at the provided phone numbers have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transfer the child to any reasonably accessible hospital facility. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

My Girl Scout may be registered as a Girl Scout member through September 30, 20____.

Caregiver Signature: _____ Date: _____

I understand that checking this box constitutes a legal signature confirming that I authorize this.

