

# 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 daughter will **only** be released to the people listed below with proper ID:

Name	Relationship to girl	Phone #
------	----------------------	---------

_____	_____	_____
-------	-------	-------

## Medical Information

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

Name \_\_\_\_\_ DOB \_\_\_\_\_

Date of last injection—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 problems? If yes, please explain: (below) \_\_\_\_\_

Allergies and/or dietary modifications: \_\_\_\_\_



# 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	Phone #
------	----------------------	---------

## Caregiver Permission and Consent to Treatment

(Name of participant) \_\_\_\_\_ is in good physical health and has had a physical examination in the past 12 months. Participant has my permission to attend Girl Scout Day camp or event and to participate in all activities except those noted. I have read the flier and understand and agree to cooperate with all regulations. I further understand that the deposit is refundable only for the reasons noted on the flier.

**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 daughter may be registered as a Girl Scout member through September 30, 20\_\_\_\_.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

05-10238-04/2023

888.350.5090 | [gsw.org](http://gsw.org)  
[customercare@gsw.org](mailto:customercare@gsw.org)

