



Day Camp Health History Adult Form

This sheet must accompany every adult volunteer
or adult participant on the first day of camp.

Adult's Name		DOB	
Address	City	State	Zip
Phone	Cell		

Health History

Please note any health conditions or problems that should be considered in any activities.

Wears glasses/contact lenses	Date of last Tetanus Shot
Diabetes	Allergies
Convulsions	Other (specify)
Kidney/bladder problems	Date of last health exam
Asthma	Additional medical info:
Dental retainer	
Ear infection	
Heart disease	Any prescribed medications:
She has had:	
Chicken pox	Measles
Mumps	German measles
Explain mental health considerations:	

Non Camp Participant Emergency Contact:

Name		Relationship	
Phone Day	Evening	Cell	
Family physician		Phone	

I hereby authorize day camp adult volunteers to obtain needed emergency medical treatment for myself from the nearest licensed emergency facility or personal physician.

Participant's Signature	Date
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I also give GSMW permission to use photographs of myself for Girl Scout publicity. Yes No