

Activity Permission/Health History Card

Troop Leader must carry yellow Health History cards anytime you attend a Girl Scout program or event with troop members.

Parents must bring a blue Health History card anytime their daughter attends a Girl Scout program or event without her troop leader.

Girl Scout _____ DOB _____

Address _____

Phone _____ Cell _____

Leader's Name _____ Troop # _____

Parent's Name _____

Phone where parent may be reached in case of emergency:

In case parent cannot be reached, please contact:

Name _____ Relationship _____

Phone Day _____ Evening _____ Cell _____

Family Physician _____ Phone _____

I hereby authorize the adult in charge to obtain needed emergency medical treatment for my daughter from the nearest licensed emergency facility or from our personal physician.

I also give the Council permission to use photographs of my girl for Girl Scout publicity. Yes No

Parent/Guardian _____ Date _____

HEALTH HISTORY

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

_____ Wears Glasses/Contact Lenses

_____ Diabetes

_____ Convulsions

_____ Kidney/Bladder Problems

_____ Asthma

_____ Dental Retainer

_____ Ear Infection

_____ Heart Disease

She has had:

_____ Chicken Pox

_____ Mumps

_____ Measles

_____ German measles

Date of last Tetanus Shot _____

Allergies _____

Other (specify) _____

Date of last health exam _____

Additional medical information _____

Any medications prescribed by a physician to be taken on a regular basis?

My child has my permission and I know of no reason(s), other than the information indicated on this card, why she should not participate in the activity listed below.

Activity	Date	Place	Cost	Leave Time/Place	Return Time/Place	Bring/Wear
Parents Signature _____ Emergency Ph. # _____ Date _____						
Parents Signature _____ Emergency Ph. # _____ Date _____						
Parents Signature _____ Emergency Ph. # _____ Date _____						
Parents Signature _____ Emergency Ph. # _____ Date _____						
Parents Signature _____ Emergency Ph. # _____ Date _____						
Parents Signature _____ Emergency Ph. # _____ Date _____						