

**This sheet must accompany every adult participant to camp check-in 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 to be taken regular basis
I have had:	
Chicken pox	Measles
Mumps	German measles

## Non Camp Participant Emergency Contact:

Name		Relationship	
Phone Day	Evening	Cell	
Family physician		Phone	

I hereby authorize GSMW staff, volunteers, or facilitators to obtain needed emergency medical treatment for myself from the nearest licensed emergency facility or from our personal physician.

Participant's Signature	Date
-------------------------	------

I also give GSMW permission to use photographs of myself for Girl Scout publicity.    Yes    No