

Girl Scouts of Southeastern Michigan
ADULT HEALTH HISTORY FORM – CONFIDENTIAL

Return to GSSEM with Event Registration Form

All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care.

Name _____ Birth date _____

Address _____ Email _____

City/Zip _____ Phone _____

Name of Family Physician _____ Phone _____

Health Insurance Provider _____ Employer _____

Health Insurance Policy or Group No. _____

Please explain any serious medical problems noted in last health examination (use reverse side, if necessary):

Allergies and Reactions

Other health conditions or special needs - Please explain on reverse any items that would be useful to the First Aider in charge regarding health concerns. Also indicate any activities to be restricted or other special needs.

Prescription & Non-Prescription USED ON A REGULAR BASIS (use reverse if additional space is needed).

- Medication _____ Dosage (Amount/Frequency) _____
- Medication _____ Dosage (Amount/Frequency) _____
- Medication _____ Dosage (Amount/Frequency) _____
- Medication _____ Dosage (Amount/Frequency) _____

The following person(s) may be contacted in case of emergency:

- Name _____ Relationship _____
Phone(s) Home _____ Cell _____
- Name _____ Relationship _____
Phone(s) Home _____ Cell _____

I consent to routine, non-surgical medical care in an emergency. Also, in case of emergency, I hereby give permission to the licensed physician selected by the troop/group/event leaders to hospitalize me and/or secure emergency medical/surgical treatment for myself.

Signature _____ Date _____