



# Adult Emergency Health Information

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.girlscoutshcc.org

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Troop # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_  
Family medical/hospital insurance carrier \_\_\_\_\_ Policy or Group No. \_\_\_\_\_

**Emergency Contacts** (in the event participant cannot be reached)

Name \_\_\_\_\_ Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone (\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_  
Evening Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

Do you have any allergies, special needs or a special diet we should be aware of?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(For example, please list all medications, plants, animals, etc. that you are allergic to and/or indicate whether you have special needs like asthma or diabetes.)

Please provide any information in relation to your care that would be useful to the person in charge. Also indicate any activities to be encouraged or restricted. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above information is correct to the best of my knowledge. I hereby authorize Girl Scouts Heart of Central California, to order emergency X-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care as deemed advisable by a licensed physician. It is understood that every reasonable effort will be made to contact the person noted above before taking this action. I understand that this permission is given in advance of need for any diagnosis, treatment, or hospitalization. This authorization shall remain effective throughout the entirety of the individual's membership in the Girl Scouts Heart of Central California.

I agree to inform a troop or activity leader of any changes in the above information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of adult

\_\_\_\_\_  
Updated

\_\_\_\_\_  
Signature of adult

\_\_\_\_\_  
Updated

\_\_\_\_\_  
Signature of adult

All Girl Scouts registered in the USA are insured by:  
MUTUAL OF OMAHA INSURANCE COMPANY  
Girl Scout Division, Group Policy #SGS-2-8012 6-3632  
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