



Girl Emergency Health Information

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

This form is to be completed and signed by parents/guardians of the girl and updated annually.

Name _____ Birthdate _____ Troop # _____

Address _____ City _____ Zip _____ Home phone (____) _____

Family medical/hospital insurance carrier _____ Policy or Group No. _____

Parent/Guardian _____ Parent/Guardian _____

Day Phone (____) _____ Day Phone (____) _____

Evening Phone (____) _____ Evening Phone (____) _____

Emergency Contacts (in the event parents cannot be reached)

Name _____ Name _____

Relationship _____ Relationship _____

Day Phone (____) _____ Day Phone (____) _____

Evening Phone (____) _____ Evening Phone (____) _____

Cell Phone (____) _____ Cell Phone (____) _____

Email _____ Email _____

The child may NOT be released to the following individuals:

Name _____ Name _____

Relationship _____ Relationship _____

Phone (____) _____ Phone (____) _____

Does the participant 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 the participant is allergic to and/or indicate whether the participant has special needs like asthma or diabetes.)

Please provide any information in relation to the care of the participant that would be useful to the adult in charge. Also indicate any activities to be encouraged or restricted. _____

The above information is correct to the best of my knowledge, and my daughter has my permission to engage in all activities, except as noted. I hereby authorize Girl Scouts Heart of Central California, through the adult person(s) caring for my daughter, 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 me or 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. For example, if a Girl Scout later develops an allergy or contagious disease or is no longer allowed to participate in a particular activity, the parent or individual must inform the troop or activity leader to ensure the safety of both the individual and those around her.

Date

Signature of parent/guardian

Updated

Signature of parent/guardian

Updated

Signature of parent/guardian