



**GIRL SCOUTS OF NORTH-CENTRAL ALABAMA**  
**Adult Health Information**

**LEADER:** Have adult members fill out the form at the beginning of each year. Keep Health History form with troop records and have it accessible for all troop activities.

**ADULT MEMBER:** Please fill out the information requested below and return to the leader along with your GSUSA registration form. Please PRINT all information except your signature.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_

Any restrictions? \_\_\_\_\_

Are you under any medical care? \_\_\_\_\_ Specify: \_\_\_\_\_

Any health concerns? \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION:** This health history is correct so far as I know. In the event that I am unable to give permission in an emergency, I give permission to a physician to apply proper treatment and admit me to the hospital if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_