



**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: _____