

ACTIVITY PERMISSION/HEALTH HISTORY CARD

Girl Scout _____

Address _____

Phone _____ Birthdate _____

Leader's Name _____ Troop # _____

Parent's Name _____

Phone where parent may be reached in case of emergency:

In case parent cannot be reached, please contact:

Name _____ Relationship _____

Address _____ Phone _____

Family Physician _____

Address _____ Phone _____

I hereby authorize the adult in charge to obtain needed emergency medical treatment for my daughter from the nearest licensed emergency facility or from our personal physician.

I give the Council permission to use photographs of my girl for Girl Scout publicity. Yes No

Parent/Guardian _____ Date _____

HEALTH HISTORY

Please note any health condition or problem that should be considered in her activities.

- | | | |
|---|--------------|---|
| <input type="checkbox"/> Asthma | Has she had: | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Diabetes | | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Convulsions | | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Kidney/Bladder Problems | | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Wears Glasses/Contact Lenses | | |
| <input type="checkbox"/> Dental Retainer | | |
| <input type="checkbox"/> Ear Infection | | |
| <input type="checkbox"/> Heart Disease | | |

Date of last Tetanus Shot _____

Allergies _____

Other (specify) _____

Date of last health exam _____

Were any complicating medical problems noted in last health exam?

Any medication prescribed by a physician to be taken on a regular basis?

To be given aspirin/tylenol? _____

My daughter has my permission and I know of no reason(s), other than the information indicated on this card, why she should not participate in the activity listed below.

Activity	Date	Place	Cost	Leave Time/Place	Return Time/Place	Bring/Wear
1. _____						

Parent Signature _____ Emergency Ph.# _____ Date _____

2. _____						
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Parent Signature _____ Emergency Ph.# _____ Date _____

3. _____						
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Parent Signature _____ Emergency Ph.# _____ Date _____

4. _____						
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Parent Signature _____ Emergency Ph.# _____ Date _____

5. _____						
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Parent Signature _____ Emergency Ph.# _____ Date _____

6. _____						
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Parent Signature _____ Emergency Ph.# _____ Date _____