



GIRL SCOUTS OF GENESEE VALLEY, INC.

ADULT HEALTH STATEMENT

PLEASE FILL OUT THIS FORM COMPLETELY

NAME: _____ PHONE (____) _____
Last First MI

ADDRESS: _____
Number and Street City State Zip

IN CASE OF EMERGENCY NOTIFY:

Name: _____ M.D. Name: _____

Telephone: _____ M.D. Telephone: _____

Address: _____ M.D. Answering Service: _____

Relationship: _____ Does your insurance require a pre-approval phone call? Yes No

IF CANNOT BE REACHED NOTIFY:

Name: _____ Type of Insurance: _____

Telephone: _____ Insurance #: _____

Address: _____

Relationship: _____

HEALTH HISTORY

The above is in: excellent good fair physical condition at present and has no serious medical condition.

Describe your state of health:

- Eyesight Impairment Heart Disease Arthritis Intestinal Disorders
- Hearing Impairment Rheumatic Fever Diabetes Seizure Disorder
- Hernia Abnormal Blood Pressure Tuberculosis Sinusitis
- Hayfever or Asthma Other Allergies Disease of Kidneys
- Severe Menstrual Pain/Bleeding Disorders of Nervous System Orthopedic Injury/Condition

Other: _____

If you have checked or answered yes to any of the above, give nature, dates, period of any disability and results:

Do you administer your own medication? Yes No
Which one(s)?

Give dates of immunizations: Tetanus _____ Other _____

Have you had the Hepatitis B vaccine? If yes, date _____ No _____

Are there any factors that would limit your total participation in an activity/event? ___Yes
___ No If so, what?

This health statement is complete and true to the best of my knowledge. I hereby give permission for the adult in charge to secure the services of a licensed physician (if necessary) and the adult in charge to give proper treatment for any injury of illness the group director deems necessary.

Signature: _____ Date: _____

Return to:

Name: _____ Title: _____

Address: _____