



Adult Attendee Health Form

Please print clearly.

Name _____ Birth date (mm/dd/yy) _____ Age _____

Female Male Cell phone _____ Home phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____

Relationship _____ Phone _____

Physician _____ Phone _____

Date of last health exam _____ Any medical problems noted in the last health exam? _____

Please check any health condition(s) or problem(s) that should be considered in planned activities:

- Heart disease Convulsions Hypertension Diabetes
- Epilepsy Mononucleosis Kidney/bladder Orthopedic
- Hearing Bleeding/clotting disorders Visual Asthma
- Other _____

Allergies

- Hay fever Poison ivy, oak, etc. Insect stings
- Food _____ Drugs _____

Dietary Restrictions _____

Other conditions or details of above _____

Date of last tetanus shot _____ Are you current on all recommended immunizations? _____

Medications (with dosage and frequency) _____

I certify that I am in good health, my health history is correct to the best of my knowledge and I have not been recently exposed to any contagious diseases. In the event of illness, injury or medical emergency I may be treated by Girl Scouts Spirit of Nebraska staff and/or volunteers and/or medical/hospital personnel. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Girl Scouts Spirit of Nebraska staff and/or volunteers to hospitalize, secure proper treatment and to order injections and/or anesthesia and/or surgery for me. I give permission to have the use of transportation (private and public) selected by Girl Scouts Spirit of Nebraska staff and/or volunteers. I HAVE READ ALL NECESSARY INFORMATION AND AGREE TO ABIDE BY ALL REGULATIONS.

Signature _____ Date _____