girl scouts
spirit of nebraska

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 _____