

ADULT HEALTH HISTORY TP106

Name _____ Male Female Phone (H) _____ (C) _____ Birthdate _____
Address _____ City _____ State _____ Zip _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Phone (H) _____ (W) _____
Address _____ City _____ State _____ Zip _____

Can your emergency contact receive text messages? Yes No

Physician's Name _____ Physician's Phone _____

Are there any health concerns the first aider/co-leader(s) should be aware of? Yes No If yes, explain _____

Do you consider yourself to be physically and mentally able to participate in normal program activities? Yes No

If no, please explain _____

If I am exposed to contagious disease in the three weeks prior to event/program, I will notify the director. To the best of my knowledge, this health history is correct.

IN CASE OF EMERGENCY, I GIVE MY PERMISSION TO PERSONS REPRESENTING GIRL SCOUTS NORTH CAROLINA COASTAL PINES TO SEE THAT I RECEIVE APPROPRIATE EMERGENCY MEDICAL OR SURGICAL TREATMENT, AND/OR HOSPITALIZATION IF NECESSARY. IT IS UNDERSTOOD THAT EVERY EFFORT WILL BE MADE TO REACH THE PERSON NAMED ABOVE.

Signature _____ Date _____