Girl Scouts of Western New York, Inc.

Adult Health Statement

girl scouts of western new york

Please fill out this form completely. Text will resize as you type.

Last Name: First Name: MI:

Address: City: State: Zip:

Email: Phone(s):

In Case of Emergency, Notify:

Name:

Relationship:

Phone(s):

Address:

If Cannot Be Reached, Notify:

Name:

Relationship:

Phone(s):

Address:

Health Insurance

Type of Insurance: Insurance #:

Does your insurance require a pre-approval phone call?

Doctor's Name: Doctor's Phone:

Confidential Health History		*If yes, please explain further:*
Do you have any allergies?		
Do you have asthma?		
Do you have high blood pressure?		
Are you a diabetic?		If yes, do you take insulin?
Are you on a special diet?		
Do you have a tetanus shot:		Date of most recent:
Any other health factors to which we should be alerted?		
Are you on any medications?		State medication(s) and dosage(s):

This health statement is complete and true to the best of my knowledge. I also understand that this information will be shared on a need-to-know basis with appropriate medical personnel. I hereby give permission for the adult in charge to secure the services of a licensed physician, if necessary and to give proper treatment for any injury or illness that is deemed necessary.

Signature: Date:

(#350-AD-HLT)