girl scouts of western new york

GIRL SCOUT EMERGENCY INFORMATION FORM

We strongly encourage all caregivers to discuss medical or mental health conditions, accommodations, or any other concerns with the troop leadership. This allows the leaders to be better prepared to support your child.

EMERGENCY INFORMATION

This Girl Scout Emergency Information Form is to be completed and signed by the named member's parent or guardian. Please be informed that providing any additional health information is completely optional, and is for the purpose of use in the event of an emergency, or for accommodating specific needs as outlined herein.

Girl Scout Legal name:	Date of birth: Age:
Girl Scout preferred name:	Preferred Pronouns:
Address:	Troop #:
City/St/Zip:	SU name/#

Parent/Guardian:	Parent/Guardian:
Address:	Address:
Home phone:	Home phone:
Cell phone:	Cell phone:

In an emergency, notify (name):	Relationship:
Address:	Phone:
City/St/Zip:	Cell phone:

Name of family physician:	Phone:
Primary insurance carrier:	Policy or group #:

EMERGENCY MEDICAL CARE AUTHORIZATION: In the event of an emergency, I understand that every effort will be made to contact me at the above listed phone number(s). However, should reasonable attempts to do so in a timely manner prove unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed health care provider (e.g. Emergency Medical Technician (EMT), paramedic, nurse, physician, dentist, etc.), and to transport the above-referenced child to any reasonably accessible hospital, or appropriate health care facility for emergency care.

Parent/Guardian Signature: _____ Date: _____

REFUSAL OF EMERGENCY MEDICAL CARE: I **DO NOT** consent to emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I ask that the persons in charge take no action, and/or to do as follows (please indicate requested care instructions in the space provided below):

Parent/Guardian Signature: _____ Date: _____

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GIRL SCOUT EMERGENCY INFORMATION FORM Page 2 - HEALTH HISTORY - RECOMMENDED BUT OPTIONAL

Girl Scout's name:

Part 1: Illnesses and Injuries ***(check those chronic or recurring illness that apply, add additional information below)***

	Ear Infections		Seizures
	Heart defect/disease		Asthma
	Bleeding/Clotting disorders		Musculoskeletal disorders
	Other:		

Part II: Allergies ***(check those that apply + specify nature of the reaction)***

	Allergen	Reaction		Allergen	Reaction
	Animals			Plants	
	Pollen			Hay Fever	
	Medicine/drugs			Food	
	Other:			Insect Stings	

Part III: Other Health Conditions ***(check those that apply)***

	Bed wetting		Mental Health Conditions
	Constipation		Fainting
	Hearing impairment		Menstrual cramps
	Sickle Cell trait or disease		Motion sickness
	Special dietary regimen		Nose bleeds
	Wears glasses or contacts		Sleep disturbances
	Physically Disabled/ Mobility Needs		ADHA
	Behavioral Needs		Autism Spectrum Disorder
	Other:		

Part IV: Immunization History

Please note that, while immunizations are not currently required for participation in Girl Scouts, immunization records may be required under certain circumstances, such as by a specific meeting location, for participation in GSWNY Summer Camp, in accordance with any applicable federal, state or local laws, etc.

Immunization	Year Primary Series	Year of Last Booster
DPT		
Tetanus/Diphtheria		
Tetanus (most recent)		
Oral Polio		
Injectable Polio		
Measles		
Rubella		
Mumps		
T.B. Test		
HBVP		
Other:		

MEDICATION: ***(Prescription or over the counter)*** **will NOT be disbursed unless** they are provided by the parent/guardian in original container, placed in a re-sealable plastic bag labeled with child's name and instructions for dispensing.

ADDITIONAL INFORMATION: Please use the below for any additional information for any medical conditions/ allergies/health conditions that you feel require further explanation. Additionally, should the Girl Scout have any special needs, activities that should be encouraged or restricted or child custody concerns :

□ I know of no reason(s), other than the information provided herein, why my child should not participate in prescribed activities.

Parent/Guardian Signature:_____ Date _____