

☐ GIRL/YOUTH MEMBER *(Must be completed by parent/guardian annually and update as needed)*

☐ ADULT MEMBER *(Only needs to be completed for overnight or high risk activities)*

Please Print Clearly

CONTACT INFORMATION	Troop #: _____ or Individual ☐		Service Unit: _____	
	First Name: _____		Middle Name: _____	Last Name: _____
	Mailing Address: _____		Apt. #: _____	PO Box: _____
	City: _____	State: _____	Zip Code: _____	Phone: _____
	Cell: _____	E-mail: _____		
	Parent/Guardian Name and address <i>(If different from child's): (Complete for girl/youth only)</i> 1. _____			Phone: _____ Cell: _____
	Parent/Guardian Name and address <i>(If different from child's): (Complete for girl/youth only)</i> 2. _____			Phone: _____ Cell: _____
Custodial Care Information: ☐ Both Parents ☐ One Parent (specify): _____ ☐ Other: _____				

HEALTH INFORMATION	Name of Family Physician: _____		Phone: _____
	Family Medical/Hospital Insurance Carrier: _____		Policy or Group No: _____
	Family Dental Insurance Carrier: _____		Policy or Group No: _____
	Health Information: Age: _____ Date of Birth: _____ ☐ Immunizations are up to date in accordance with California Health and Safety Code 120335 (required to attend California public schools) Date of last Tetanus shot: _____ If no, please explain _____		
	Date of last health examination: _____		Were there any medical concerns at the time? _____
	Does participant have any physical, mental or psychological conditions requiring medication, treatment, or other special restrictions or considerations? ☐ Yes ☐ No If yes, please explain _____		
	Does participant take any prescribed medications or over-the-counter drugs on a regular basis? ☐ Yes ☐ No Please list medication here and for girl/youth complete Girl Medication Permission Form _____		
	Is participant restricted or limited from participating in any physical activity? ☐ Yes ☐ No If yes, please explain: _____		
	Are there any other ongoing or current medical conditions that could impact participation? If yes, please explain or write none. _____		
	Participant has the following health conditions/allergies/dietary restrictions (food and medications): ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Other: _____ ☐ Allergies (specify): _____ Emergency Contact (non-parent): _____ Relationship: _____ Phone: _____ Cell: _____		

AUTHORIZATION	GUARDIAN/ADULT AUTHORIZATION	
	This health form is complete and accurate. I authorize Girl Scouts of Northern California to collect, use, and share the medical information provided on this form as necessary for the health and safety of my child during Girl Scout Activities. This may include sharing with trained staff, volunteers, or healthcare professionals in case of emergency or as needed for medical treatment. This authorization will expire at the end of the membership year or earlier if revoked in writing.	
	Signature of guardian/adult: _____	Date: _____
	ADULT MEMBER AUTHORIZATION	
	This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.	
	Signature of adult member: _____	Date: _____

This form will be stored securely by the troop/group leader and will accompany the adult in charge to all meetings and activities. All health information will be kept confidential and only be used by authorized personnel for the purpose of ensuring the safety and well being of the participant.