



PARTICIPANT INFORMATION			
Girl Scout's Name: (First, Middle, Last)		Home Phone: () () ()	Date of Birth:
Address:		City:	State: Zip:
PARENT INFORMATION			
Name of Mother/Guardian:		Work/Day Phone: () () ()	Cell Phone: () () ()
Name of Father/Guardian:		Work/Day Phone: () () ()	Cell Phone: () () ()
EMERGENCY CONTACT INFO			
Emergency Contact (if parents can't be reached):			
Day Phone: () () ()		Evening Phone: () () ()	Cell/Other Phone: () () ()
HEALTH HISTORY: (Check all that apply)			
Allergies <input type="checkbox"/> Animals _____ <input type="checkbox"/> Food _____ <input type="checkbox"/> Hay Fever _____ <input type="checkbox"/> Insect Stings _____ <input type="checkbox"/> Medicine/Drugs _____ <input type="checkbox"/> Plants _____ <input type="checkbox"/> Pollen _____ <input type="checkbox"/> Other (specify) _____		Chronic or Recurring Illness <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Other _____	
Diseases <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps		Suggestions from Parents: My daughter has permission to take or use the following: <input type="checkbox"/> Tylenol/acetaminophen <input type="checkbox"/> Advil/ibuprofen <input type="checkbox"/> Sudafed/decongestant <input type="checkbox"/> Benadryl/antihistamine <input type="checkbox"/> Pepto Bismol <input type="checkbox"/> Tums/antacid <input type="checkbox"/> Robitussin/expectorant <input type="checkbox"/> Swimmers' Ear/alcohol-vinegar solution My daughter has menstruated? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, has she been told What to expect? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe conditions and give dates (if applicable)			
Operations or serious injuries _____			
Hospitalizations _____			
Other diseases/disabilities _____			
Comment where applicable:			
<input type="checkbox"/> Fainting _____		<input type="checkbox"/> Motion Sickness _____	
<input type="checkbox"/> Bed Wetting _____		<input type="checkbox"/> Constipation _____	
<input type="checkbox"/> Sleep Disturbances _____		<input type="checkbox"/> Nosebleeds _____	
<input type="checkbox"/> Sickle Cell trait or disease _____		<input type="checkbox"/> Wears Contacts _____	
		<input type="checkbox"/> Hearing Impairment _____	
		<input type="checkbox"/> Wears Glasses _____	
		<input type="checkbox"/> Emotional Disturbances _____	
		<input type="checkbox"/> Homesickness _____	
Specific activities to be encouraged		Restricted	
Special medical or dietary regimen to be followed (specify – included vegetarian diets, etc.)			
ADDITIONAL INFORMATION			
Name of Dentist: Phone:		Licensed Physician's Name:	
Name of Orthodontist: Phone:		Address: City: St: Zip:	
Name of Eye Doctor: Phone:		Phone:	
PARENT/GUARDIAN PERMISSION AND RELEASE			
<p style="color: red; text-align: center;">Please keep a copy of this health form for your records.</p> <p style="color: red; text-align: center;">Your daughter will need a copy of this health form for all overnight events that she attends without her troop.</p> <p style="color: red; text-align: center;">For overnight events that she attends with her troop, the troop leader should bring a form for each girl in attendance.</p>		This health history is correct and my daughter has permission to engage in all prescribed activities, except as noted by me and the examining physician. Girl Scouts Carolinas Peaks to Piedmont, also has my permission to transport my daughter to the hospital or doctor for medical treatment should there be an illness or injury. My child has permission to participate in all activities described for this event and to appear in pictures for publicity purposes, including the website.	
		**Health history information will be handled by GSCP2P staff/volunteers that have a legitimate need to know as mandated by Federal Law. For questions, contact Kimberly Richards at 704-874-1530.	
		HORSEBACK RIDING RELEASE INFORMATION <i>(If attending a horse program)</i> Because riding horses/ponies is classified as a rugged adventure recreational sport, we require a signed informed consent form for each participant. There are numerous obvious and non-obvious inherent risks that present in such activities despite all safety precautions. No horse or pony is a completely safe animal. We strive to provide gentle animals; however, Girl Scouts Carolinas Peaks to Piedmont cannot be held responsible for any accidents or injuries to any participants.	
		WARNING <i>Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.</i>	
Signature of Parent/Guardian: _____		Date: _____	