girl scouts of south carolina mountains to midlands

Adult Health History

Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.

To be completed by adult member and returned to the troop leader. PLEASE PRINT.

Name _____ Birth Date _____
Last First Middle Initial

Address _____
Street City State ZIP

Email Address _____

Phone (H) _____ (W) _____ (C) _____

Emergency Contact _____
Name Address Phone

Family Medical/Hospital Insurance Carrier _____
Name Policy or Group Number

Check all that apply:

Allergies*	Chronic Illnesses*	Immunizations
□ Food	□ Heart Defect/Disease	
□ Hay Fever	□ Seizures	Date of last tetanus booster:
□ Insect Stings	□ Bleeding Disorders	Tuberculin test date:
□ Medicine/Drugs	□ Asthma	Result of TB test:
□ Plants	□ Hypertension	
□ Pollen	□ Diabetes	
□ Animals	□ Musculoskeletal Disorders	
□ Other (specify)	□ Arthritis	
	□ Sinusitis	
	□ Ear Infections	
	□ Other (specify)	

*Comments (please explain any items that are checked) _____

_____

Restrictions concerning physical activity _____

_____

Special medical or dietary regimen to be followed (specify) _____

_____

_____

This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.

Signature _____ Date _____

Columbia Service Center, 1107 Williams Street, Columbia, SC 29223, T 803.782.5133
Greenville Service Center, Three Independence Pointe, Ste 106, Greenville, SC 29615, T 864.770.1400
Spartanburg Service Center, 330 Scout Drive, Spartanburg, SC 29301, T 864.576.2514

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