

Participant Information

Name: _____ **Date of Birth:** _____

Phone: _____ **Email:** _____

Emergency Contact:

Name: _____ **Phone:** _____

☐ **Girl Member** ☐ **Adult Volunteer**

For girls only:

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Physician & Insurance Information

Physician Name: _____ **Phone:** _____

Insurance Company: _____ **Policy/Group #:** _____

Health History

(Check all that apply and explain as needed)

- Allergies: ☐ Food ☐ Drug ☐ Insect ☐ Environmental ☐ Animals ☐ Other
Details: _____
- Chronic/Recurring Illnesses: ☐ Asthma ☐ Diabetes ☐ Epilepsy ☐ Heart Condition
☐ Other: _____ Details: _____
- Date of last tetanus shot: _____
- Current Medications: _____
☐ This participant may carry and self-administer medication (inhaler, EpiPen, etc.).
- Dietary Restrictions: ☐ Vegetarian ☐ Vegan ☐ Gluten-Free ☐ Other: _____
- Activity Restrictions: _____
- Additional Information/Accommodations: _____

Permission & Consent

I understand that participation in Girl Scout activities involves inherent risks. I have provided accurate health information and agree to update GSDSW leaders/staff if any changes occur.

In the event of an emergency, I authorize leaders, staff, or agents of GSDSW to obtain medical care, including first aid, hospitalization, surgery, or other treatment deemed necessary by a licensed medical professional. I accept responsibility for any costs not covered by insurance.

Signature

Participant (if adult): _____ **Date:** _____

Parent/Guardian (if girl): _____ **Date:** _____