



Girl's Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_  
 Other Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Health History:** (Check those that apply)

<b>Diseases</b>	<b>Allergies</b>	<b>Chronic or Recurring Illness</b>
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Animals	<input type="checkbox"/> Ear Infections
<input type="checkbox"/> Measles	<input type="checkbox"/> Food	<input type="checkbox"/> Heart Defect/Disease
<input type="checkbox"/> German Measles	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Seizures
<input type="checkbox"/> Mumps	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Medicine/Drugs	<input type="checkbox"/> Asthma
	<input type="checkbox"/> Plants/Pollen	<input type="checkbox"/> Hypertension
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Musculoskeletal Disorders
		<input type="checkbox"/> Other _____

**Please describe any conditions** (operations, serious injuries, hospitalizations, disabilities, etc.)  
**and give dates:** \_\_\_\_\_

**Suggestions from Parent**

**Comments where applicable:**

Fainting \_\_\_\_\_ Sleep Disturbances \_\_\_\_\_  
 Bed wetting \_\_\_\_\_ Menstrual cramps \_\_\_\_\_  
 Constipation \_\_\_\_\_ Nosebleeds \_\_\_\_\_  
 Emotional disturbances \_\_\_\_\_ Other \_\_\_\_\_  
 Date of last Tetanus shot \_\_\_\_\_ Date of last physical exam \_\_\_\_\_  
 Special medical or dietary regimen to be followed (specify) \_\_\_\_\_  
 This health history is correct & my daughter has permission to engage in all prescribed activities, except as noted by me. I hereby give permission to the hospital and/or physician selected to secure & administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*TO BE COMPLETED WHEN GOING OUT OF COUNCIL JURISDICTION*

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_  
 Sworn to and subscribed before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Notary Public \_\_\_\_\_  
 Commission Expires \_\_\_\_\_



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## EMERGENCY PROCEDURES

Health and safety precautions prevent many accidents. There are times, however, in spite of our best efforts, that accidents do happen. **Do Not Panic.**

### Major Emergency

- 1) Care for the victim first. A qualified First Aider or Nurse should begin administering First Aid immediately.
- 2) Secure a doctor, ambulance, or police, if appropriate.
- 3) Take injured party to the nearest licensed medical help.
- 4) Keep a responsible adult at the scene of the accident. Make sure area is not disturbed until the police have arrived.
- 5) Place a competent person in charge of the rest of the group.
- 6) Make no public statements except to the police. Avoid discussion with the news media--refer them directly to the CEO.
- 7) Immediately contact the Girl Scout Service Center:  
**Phone: 423-877-2688 or 1-800-446-2472 (Press 1 for an emergency)**  
If these numbers are called during the hours the Service Center is closed, the call will be forwarded. This will provide 24-hour contact.
- 8) A representative of the Council will notify the parent/guardian. Please have the phone number of the Girl Scout ready so there is as little delay as possible.
- 9) Identify the call as concerning a major Girl Scout emergency and someone will immediately provide assistance. Leaders should have these phone numbers with them at all times on outings and trips.

**For your protection:** Note the exact time of each occurrence, each step taken, by whom and to whom. Make a sketch of the scene, including a description of the location and placement of people involved. Write down names and addresses of witnesses.

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