



Girl Scouts.
Where Girls Grow Strong™

Classroom Scouting Adventure Days Volunteer Health History / Emergency Contact Form



Boy Scouts of America

Adults

I am a: (please check)

- Classroom Scouting teacher/aide/assistant at _____
- Volunteer teacher/aide/assistant at _____
- Community Volunteer at _____
- Registered Girl Scout Adult Unit # _____

Youths (under 18 years)

I am a: (please check one)

- Jr. High Volunteer at _____
- Sr. High Volunteer at _____
- Registered Cadette/Senior Girl Scout Unit # _____
- Registered Boy Scout/Explorer/Venturer Unit # _____

Name _____ Home Phone # (____) _____

Address _____ E-Mail _____

City _____ State _____ Zip Code _____

Work Phone # (____) _____ Cell Phone # (____) _____

In Case of Emergency please notify: _____ Relationship: _____

Daytime Phone # (____) _____ Alternate # (____) _____

Allergies: (check, if yes)

- Hay Fever
- Insect bites/stings
- Asthma
- Poison Ivy/Oak

- Foods
- Medicines
- Other (please specify) _____

Does above condition require medication? Yes No If yes, please list _____

Restricted activities for medical reasons _____

Date of most recent tetanus shot: _____

IN CASE OF MEDICAL EMERGENCY, I understand that every effort will be made to contact the person listed as the emergency contact. In the event this person cannot be reached, I give permission for the Greater St. Louis Area Council, Boy Scouts of America, and/or the Girl Scout Council of Greater St. Louis to approve emergency medical treatments.

Signature and Date (must be parent/guardian if under 18)

I consent to allow that any photographs or videotapes taken of the person mentioned above may be used to promote Boy Scouting, Girl Scouting, or for community educational purposes.

Signature and Date (must be parent/guardian if under 18)