

Girl Scouts of Kentucky's Wilderness Road Council

2277 Executive Drive Lexington, KY 40505 859-293-2621 * 800-475-2621 www.gskentucky.org



Girl Health History Form

The Mentor keeps this form for their records after it is completed and signed by the parent(s)/guardian(s)

PERSONAL INFORMATION (PLEASE PRINT)

Girl's Name:				
First Home Address:		Last		
City:				
Telephone:	DOB:		_ Age:	
Is she current on her immunizations?	Date of last health ex	kamination:		
Is she allergic to any medications	? If yes , please list: _			
Is she allergic to insect stings? 🗆	Yes 🗆 No If yes, please list: _			
If yes to insect stings, does she ca	arry self-injected epinephri	ne?		
Does she have any other allergies	5? 🗆 Yes 🗆 No If yes , please l	list:		
Are there any medical conditions we n	need to be aware of?	∃ No If yes, pl	ease list?	
Please list any medications she is curr	ently taking:			
INSURANCE INFORMATION				
Company Name:	Policy #:			
Policyholder's Name:				
EMERGENCY CONTACT INFORMA	TION			
Name:	R	Relationship:		
Address:	City	State	Zip	
Home phone:				



Consent to Treat a Minor Form

I understand that the information that is on this form will be used to keep my daughter safe and in the event of an accident will be used to seek medical treatment.

I hereby give permission to the staff representative(s) at the Wilderness Road Girl Scout Council and/or the troop/group leader(s) and/or chaperone(s) of my daughter to seek emergency medical treatment due to an accident or illness while participating in Girl Scout activities.

I understand that I will be notified as soon as possible. In the event, I am unreachable; I authorize the hospital and/or physician(s) to administer treatment to my daughter; and the release of any records necessary for insurance purposes. I understand that I am responsible for any balance that is incurred from the hospital and/or physician.

Print Parent/Guardian(s) Name

Parent/Guardian(s) Signature

Date