



# Adult Health History Form

This health history is to be completed and signed by adults participating in physically demanding or high risk activities

Adult's Name: \_\_\_\_\_

Adult's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Service Unit: \_\_\_\_\_ Troop: \_\_\_\_\_

Employer: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_  
Physician's Phone: \_\_\_\_\_  
Primary Insurance Carrier: \_\_\_\_\_ Policy/Group No.: \_\_\_\_\_

Date of Last Health Examination: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_  
Operations and serious illness or injuries (past 3 years): \_\_\_\_\_  
Disability/chronic/recurring illness: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

### Emergency Medical Authorization

To the best of my knowledge, this health history is correct. I am in good health and able to participate in this activity. In the event that there is an emergency, I give permission to the physician selected by the adult in charge of this event to hospitalize, secure proper treatment for, and order injections, anesthesia and/or surgery for me.

**HIPPA Privacy Rule:** I authorize the use of information to promote and monitor well being while participating in a Girl Scout activity, and as necessary, provision of first aid/emergency care as best as possible, according and not limited to certifications, training, and availability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Girl Scouts of Northern New Jersey  
www.gsnnj.org

Paramus Service Center  
300 Forest Avenue  
Paramus, NJ 07652  
201-967-8100

Paterson Resource Center  
Center City Mall, 301 Main St  
Paterson, NJ 07505  
973-881-9400

Randolph Service Center  
1579 Sussex Turnpike  
Randolph, NJ 07869  
973-927-7722

Riverdale Service Center  
95 Newark Pompton Turnpike  
Riverdale, NJ 07457  
973-248-8200