

Program Name: _____

Girl's Name _____ Age _____ Grade _____ Birth date ____/____/____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Mother/Guardian _____ Day phone _____

E-mail _____ Evening phone _____ Cell or pager _____

Father/Guardian _____ Day phone _____

E-mail _____ Evening phone _____ Cell or pager _____

School Attending _____ State _____ Grade _____

Troop # _____ Level _____

The registrant's racial background is: *(optional)*

American Indian or Alaskan Native Asian Black or African American White Other _____

Hawaiian or Pacific Islander *(please check one)* Hispanic or Latina Not Hispanic or Latina

Must have information for emergency contact if parent(s) cannot be reached (please print clearly):

Name/ Relationship: _____ Phone: _____

Name/ Relationship: _____ Phone: _____

HEALTH HISTORY – All Information provided will be kept confidential

Describe allergies, details of chronic conditions, or health restrictions on additional sheet if needed

Are all immunizations up to date? ___ Yes ___ No If no, please state reason: _____

Please provide comments where applicable: Medication being taken _____

Special dietary needs/restrictions: _____ Weight of camper for dosage purposes: _____

Specific information including physical, psychiatric or behavioral problems: _____

Insurance company: _____ Policy Number: _____ Group # _____

Family physician: _____ Phone: Day _____ Eve _____

Parent Permission Statement

† The health history is correct as far as I know, and the person herein described has my permission to engage in all events activities except as noted. If she appears ill, I will not send her.

† **EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby grant permission to the program director to secure proper treatment for my child.

† The Girl Scouts may use any photo in which my child appears to promote Girl Scouting. I understand my daughter will become a registered member of Girl Scouts of the USA through participation in this program.

Parent/Guardian Signature required:

Signature _____ Date _____

To Register: Send the Teen Registration Form and Health History form to Caroline Schreiber at GSCNC, 4301 Connecticut Avenue, NW, Washington, D.C. 20008 OR email to cschreiber@gscnc.org OR fax to (202) 274-2161.