

Program Name: _____

Girl's Name _____ Age _____ 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. For the purpose of liability

insurance, my daughter has my consent to become a member of the Girl Scouts.

Parent/Guardian Signature required:

Signature _____ **Date** _____

To Register: Send the Teen Registration Form and Health History form to: Meghan Del Giacco: GSCNC, 4301 Connecticut Avenue, NW, Washington, D.C. 20008 OR email to mdelgiacco@gscnc.org