

## Girl Scouts – North Carolina Coastal Pines 6901 Pinecrest Road, Raleigh, NC 27613



## **ADULT HEALTH HISTORY TP106**

Name		Phone (H)	(C)	Birthdate
Address		_ City	State	Zip
IN CASE OF EMERGENCY, NOTIFY:				
Name		Phone (H)	(W)_	
Address		_ City	State	Zip
Can your emergency contact receive	text messages? □Yes	□No		
Physician's Name	!	Physician's Phone	!	<del></del>
Are there any health concerns the first				
Do you consider yourself to be physically no, please explain				
If I am exposed to contagious disease my knowledge, this health history is co IN CASE OF EMERGENCY, I GIVE MY P COASTAL PINES TO SEE THAT I RECE	orrect. ERMISSION TO PERSOI EIVE APPROPRIATE EME	NS REPRESENTIN ERGENCY MEDICA	G GIRL SCOUTS NOI AL OR SURGICAL TRE	RTH CAROLINA EATMENT, AND/OR
HOSPITALIZATION IF NECESSARY. IT NAMED ABOVE.  Signature	IS UNDERSTOOD THA	Date		EACH THE PERSON