

# Emergency Data Sheet

Minors Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ M/D/Y \_\_\_\_\_  
 Parents Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Insurance Carrier Name and Address \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 #1 Notify in Emergency (if unable to reach parents) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
 #2 Notify in Emergency (if unable to reach parents) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Medical Problems \_\_\_\_\_  
 \_\_\_\_\_  
 Current Medication (name,dosage,frequency) \_\_\_\_\_  
 \_\_\_\_\_

## Authorized Treatment of a Minor

I, the undersigned, parent or legal guardian of \_\_\_\_\_, a minor do hereby consent to the nurse or physician selected by the Girl Scout Leader to perform routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the Girl Scout Leader to hospitalize, secure proper treatments for, and to order injection, anesthesia, or surgery for my child as named above.

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

## Permission to Dispense Medication

I, the undersigned give permission to the Girl Scout Leader in charge to administer the following medications to my child as named above.

Yes	No		Dosage
_____	_____	Acetaminophen(Tylenol)	_____
_____	_____	Benadryl	_____
_____	_____	Benadryl Cream	As needed
_____	_____	Low DEET insect repellent	As needed

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

## Emergency Phone Numbers

Home	Work	Pager	Cel