



PARENTS' CONSENT FOR EMERGENCY MEDICAL TREATMENT

Girl Scout Council of Greater Long Beach
4040 Bellflower Boulevard
Long Beach, CA 90808
(562) 421-8456 Fax (562) 429-2751

(Authorization given pursuant to provision of Section 25.8 of the Civil code of California)

In the event it becomes necessary, we hereby authorize the Girl Scout Council of Greater Long Beach, or any of its officers or leaders, into whose care (girl's name) _____ has been entrusted, to administer first aid and to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general and special supervision, and upon the advice of a physician and surgeon licensed under provision of the California Medical Practice Act and an x-ray examination. Anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the California Dental Practice Act.

Date _____ at _____, California

Drug or food allergies _____

Physical conditions which limit her activity _____

Mother or Guardian _____ Father or Guardian _____

Address _____ City _____ Zip _____

**BOTH PARENTS MUST SIGN, IF SEPARATED, INDICATE THE CUSTODY STATUS,
JOINT OR SOLE, OF SIGNING PARENT.**

Home Phone () _____ Work Phone () _____

Family Doctor _____ Phone () _____

Name of emergency Contact (other than parents) _____

Home Phone () _____ Alternate Phone () _____

Family Medical Insurance _____ Policy/Group # _____

HEALTH HISTORY

PLACE A CHECK NEXT TO THOSE THAT APPLY

DATE OF LAST HEALTH EXAM: MONTH _____ YEAR _____

<table style="width: 100%;"> <tr> <td style="width: 15%;">DISEASES</td> <td style="width: 15%;">DATE</td> <td style="width: 15%;"></td> </tr> <tr> <td>Chicken Pox</td> <td>_____</td> <td></td> </tr> <tr> <td>Measles</td> <td>_____</td> <td></td> </tr> <tr> <td>German Measles</td> <td>_____</td> <td></td> </tr> <tr> <td>Mumps</td> <td>_____</td> <td></td> </tr> </table>	DISEASES	DATE		Chicken Pox	_____		Measles	_____		German Measles	_____		Mumps	_____		<p>If she brings any medication or drugs, they must be accompanied by written instructions from the parent or physician and are to be taken under the direction and in the presence of a First-Aider.</p> <hr/> <p>OPERATIONS OR SERIOUS INJURIES</p> <hr/> <p>HOSPITALIZATIONS</p> <hr/> <p>Specific activities to be restricted: _____</p> <p>Special medical or dietary regimen to be followed: _____</p> <hr/>																													
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