



Health Information Form - Adult

Name:_____ Date of Birth:_____

Address:_____ Phone:_____

Emergency Contact:_____ Phone:_____

List any conditions, allergies, and physical or dietary restrictions:_____

List any medications currently taking:_____

Photo Release - Adult

By participating in Girl Scout activities, I acknowledge that I may be photographed, videotaped, or otherwise recorded. I consent to allow all pictures taken of myself to be used for publicity purposes by Girl Scouts of Gateway Council or Girl Scouts of the USA. I hereby indemnify and hold harmless the organization, its directors, officers pictures or names of myself. Media may be used in promotional materials, news releases and other published formats. The media will be the sole property of either Girl Scouts of Gateway Council or Girl Scouts of the USA.

Name:_____ Date:_____

Signature:_____