

MERRIMACK COMMUNITY GIRL SCOUTS

ADULT MEDICAL FORM

This form must be filled out by each adult attending Camporee that do not have a health form on file with their respective troop. Forms are to be kept confidential by the troop leader in a sealed envelope, and only opened in the case of an emergency.

Name _____

Address _____

Phone # _____

TWO People to contact in case of emergency:

1. _____

Phone # _____

2. _____

Phone # _____

PHYSICIAN:

Name _____

Address _____

Phone # _____

ALLERGIES:

Last Tetanus Shot _____

Any special medical problems:

What medications are you taking? _____
