

Please cut and distribute to adults in your Troop and Service Team.
Card should be carried in your wallet at all times.



Girl Scouts.

Girl Scouts of Connecticut, Inc.

(800) 922-2770
Adult Health History

Name: _____
Any chronic or recurring illness (convulsions, diabetes, asthma, etc.)

Date of last tetanus shot: _____
List any allergies (penicillin, aspirin, insect bites, etc.)

Note any medication normally carried and for what and how it should be administered: _____



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