



Rollergarden 2009

What: Edina Girl Scout Council celebrates girl scout founder, Juliette Gordon Low, birthday with a roller skating party – complete with a birthday cake.

When: October 24, 2009
4:30 – 6:30 PM

Where: Roller Garden Skate Center
5622 West Lake St
St. Louis Park, MN

Cost: \$4.00 per person (includes regular skates) – pay at the door
Inline skates are available for an additional cost, or you can bring your own.
Patch available for \$1.25

To sign up, go to the website - www.girlscoutsedina.com and find Rollergarden under “Events” on the left. Please sign up ASAP

First Name:	Last Name:	Troop #	Grade:
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has permission to participate in **Rollergarden**. She is in good physical condition and has not had any serious illness or operation since her last health examination.

During the activity, I may be reached at:

Home Telephone:	Cell Telephone:
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If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

First Name:	Last Name:
Home Telephone:	Cell Telephone:
Physician's Name	Phone:
Additional Remarks	

Printed Name:	Date:
Signature:	Typing your name will suffice as an electronic signature

Girl/Adult Health History Form

GIRL MEMBER ADULT MEMBER

PLEASE PRINT CLEARLY IN INK.

CONTACT INFORMATION	Troop #: _____ or Individual <input type="checkbox"/>	Service Unit: _____		
	First Name: _____	Middle Name: _____	Last Name: _____	
	Mailing Address: _____		Apt. #: _____	PO Box: _____
	City: _____	State: _____	Zip: _____	Phone: () _____
	Cell: () _____	E-mail: _____		
	Parent/Guardian(s) Name: <i>(Complete for girl form only)</i> 1. _____			Phone: () _____ Cell: () _____
	Parent/Guardian(s) Name: <i>(Complete for girl form only)</i> 2. _____			Phone: () _____ Cell: () _____
	Custodial Care Information: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other: _____			

HEALTH INFORMATION	Name of Family Physician: _____		Phone: () _____
	Family Medical/Hospital Insurance Carrier: _____		Policy or Group No: _____
	Family Dental Insurance Carrier: _____		Policy or Group No: _____
	Health Information: Age: _____ <input type="checkbox"/> Immunizations are up to date.		
	Date of last Tetanus shot: MM / DD / YY		
	Date of last health examination: _____		Were there any medical problems at the time? _____
	Has participant had any recent injuries or surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain and specify date: _____		
	Does participant take any prescribed medications on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state medication and reason: _____		
	Is participant restricted or limited from participating in any physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____		
	Participant has the following health conditions/allergies (food and medications): <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Headaches <input type="checkbox"/> Seizures <input type="checkbox"/> Other: _____ <input type="checkbox"/> Allergies (specify): _____		
Emergency Contact (non-parent):			
Relationship: _____	Phone: () _____	Cell: () _____	

AUTHORIZATION	<p>PARENT/GUARDIAN AUTHORIZATION This health form is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter/girl should not participate in the prescribed activities except as noted. In the event that my daughter/girl needs medical attention while participating in Girl Scout activities, I authorize the adult in charge to see that my daughter/girl receives reasonable first aid and to transport my child to a health care facility for emergency services as needed.</p> <p>Signature of parent/guardian: _____ Date: _____</p>
	<p>ADULT MEMBER AUTHORIZATION This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.</p> <p>Signature of adult member: _____ Date: _____</p>