Girls Incorporated® of Johnson County
Medical and Emergency Information
Medical Care Authorization

Member Name _____ Date of Birth _____

Address _____ City _____ Zip_____

School _____ Grade _____

Parent/Guardian Information
1) Primary Guardian _____ Relationship _____

Day Phone ( )_____ Evening Phone ( )_____

Cell ( )_____Email:_____

2) Other Primary Guardian _____Relationship _____

Day Phone ( )_____ Evening Phone ( )_____

Cell Phone ( )_____

Emergency Contact
Person to notify in case of emergency (if parent/guardian cannot be reached)

#1 Name _____Relationship _____

Day Phone ( )_____ Evening Phone ( )_____

Cell Phone/Pager ( )_____

#2 Name _____Relationship _____

Day Phone ( )_____ Evening Phone ( )_____

Cell Phone/Pager ( )_____

Doctor/Dentist Information
Doctor and dentist to be called in case of emergency
Doctor _____Phone ( )_____

Dentist _____ Phone ( )_____

Medical Insurance/Health Care Provider _____

Member or Policy Number _____

Medical/Health Information

Does member have allergies to specific medications:

- ❑ Yes If yes, please specify _____
- ❑ No

Does member have allergies to specific foods:

- ❑ Yes If yes, please specify: _____
- ❑ No

Does member have allergies to insect bites:

- ❑ Yes If yes, please specify:_____
- ❑ No

List any medication(s) taken daily by participant:

_____

_____

Does participant administer the medication herself?_____

Girls Inc. staff may give my daughter Tylenol or Ibuprofen, as needed:

- ❑ Yes If yes, specify dosage allowed: _____
- ❑ No

Girls Inc.. staff member may spray my daughter with bug spray, which may contain DEET? _____ yes _____ no

Does member have any chronic or recurring illness, such as asthma?

_____

List any other health issues/medical conditions we should know about, such as car sickness, nose bleeds or heat sensitivity:

_____

_____

_____

Are there any activities your daughter should not participate in? Please explain: _____

_____

_____

In the event of any injury or accident, I authorize emergency medical treatment for my daughter when I cannot be immediately contacted.

Parent/Guardian Signature_____**Date**_____

Parent/Guardian Name (Please print) _____