girl scouts

Girl/Adult Health History Form

☐ GIRL MEMBER ☐ ADULT MEMBER

PLEASE PRINT CLEARLY IN INK.

CONTACT INFORMATION

Troop #: or Individual ☐	Service Unit:	
First Name:	Middle Name:	Last Name:
Mailing Address: Apt. #:		PO Box:
City:	State: Zip:	Phone: ( )
Cell: ( )	E-mail:	
Parent/Guardian(s) Name and address *(If different from girl's): (Complete for girl form only)* 1.		Phone: ( ) Cell: ( )
Parent/Guardian(s) Name and address *(If different from girl's): (Complete for girl form only)* 2.		Phone: ( ) Cell: ( )
Custodial Care Information: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ 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:_____ Date of birth: MM / DD / YY ❑ 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?

Does participant have any physical, mental or psychological conditions requiring medication, treatment, or other special restrictions or considerations?

☐ Yes ☐ No If yes, please state medication and reason:_____

Does participant take any prescribed medications or over-the-counter drugs on a regular basis?

☐ Yes ☐ No If yes, please state medication and reason:_____

Is participant restricted or limited from participating in any physical activity?

☐ Yes ☐ No If yes, please explain:_____

Please provide a record of past medical treatment, if any, including injures or surgeries:

Participant has the following health conditions/allergies/dietary restrictions (food and medications):

☐ ADHD ☐ Asthma ☐ Diabetes ☐ Headaches ☐ Seizures ☐ Other:_____

☐ Allergies (specify):_____

Emergency Contact (non-parent):

Relationship:	Phone: ( )	Cell: ( )

AUTHORIZATION

PARENT/GUARDIAN AUTHORIZATION

This health form is complete and accurate. I know of no reason(s), other than the information indicted 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 routine healthcare, medications, reasonable first aid and to transport my child to a health care facility for emergency services as needed.

Signature of parent/guardian: _____ Date:_____

ADULT MEMBER AUTHORIZATION

This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.

Signature of adult member: _____ Date:_____

Parent - please retain a copy for day camp, resident and other overnight camp programs.
Troop Leader - please retain for your records