

# GIRL SCOUT HEALTH HISTORY FORM

The Troop leader must retain a copy of the Health History Form for each troop member and keep ALL information CONFIDENTIAL. Adults completing this form may sign for themselves on the Parent/Guardian signature line. Submit this form on or before the event. PARTICIPANTS WILL NOT BE ABLE TO ATTEND WITHOUT THIS COMPLETED FORM.

## CONTACT INFORMATION

Name: Last	First	Middle	D.O.B.	Age
Street Address				Male <input type="checkbox"/> Female <input type="checkbox"/>
Custodial Parent/Guardian		Day/Work Phone ( )	Evening/Home Phone ( )	Cell/Mobile Phone ( )
2 <sup>nd</sup> Parent/Guardian		Day/Work Phone ( )	Evening/Home Phone ( )	Cell/Mobile Phone ( )
Street Address (if different from girl)			City/State/ZIP	

If an emergency arises, and parent/guardian can't be reached, please contact the following people: (Adult participants, please list emergency contacts here.)

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

## HEALTH INFORMATION

Name of Physician \_\_\_\_\_ Clinic Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Is the participant covered by medical insurance? Yes  No  If so, please list plan name: \_\_\_\_\_

Please answer the following questions completely. Use the back side of page if necessary.

**Does the participant have any health concerns we should be aware of?**

If so, please provide any important information, such as symptoms to watch for or care needs.

**Does the participant have any allergies?** If so, please explain the cause, reaction, and how it should be handled.

**Does the participant have any specific dietary needs or restrictions?** If so, please describe.

**Does the participant take any medications?** If medications need to be distributed at event, please give them to the troop leader or council staff with a note giving permission and specific instructions.

Is participant up to date on basic immunizations? Yes  No

Has participant had a current tetanus shot? Yes  No  If so, please list date: \_\_\_\_\_

**Does participant have any emotional, psychological, or behavioral health concerns we should be aware of?**

If so, please list any relevant information on how we can support these needs.

### IMPORTANT - SIGNATURE REQUIRED FOR ATTENDANCE

**Parent/Guardian Authorization:** This health history is correct and complete as far as I know, and the person herein described has permission to engage in all activities except as noted. I hereby give permission to the Girl Scouts of the Northwestern Great Lakes, Inc. to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the Girl Scouts of the Northwestern Great Lakes, Inc. to arrange necessary related transportation for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Girl Scouts of the Northwestern Great Lakes, Inc. to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips to all activities.

Signature of Parent/Guardian or Adult Participant \_\_\_\_\_ Date \_\_\_\_\_