

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> | | | Phone: () _____ | |
| | 1. _____ | | | Cell: () _____ | |
| Parent/Guardian(s) Name: <i>(Complete for girl form only)</i> | | | Phone: () _____ | | |
| 2. _____ | | | Cell: () _____ | | |

| | | | |
|---------------------------------|--|---------------------|--|
| 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 | 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 child needs medical attention while participating in Girl Scout activities, I authorize the adult in charge to see that my child receives 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: _____ |

Troop Leader - please retain for your records