



# Girl Scout Health History Form

This health history is to be completed and signed by parents/guardians of girls. (Confidential)

Girl Name		Date of Birth	Age
Address		City	Zip
Parent/Guardian		Phone	SS#
Home Address		City	Zip
Business Phone	Father	Mother	
In Emergency Notify (Name)		Relationship to Girl	
Address		City	Zip
Name of Family Physician		Physician's Phone #	
Family medical/hospital Insurance Carrier		Policy or Group No.	

**Part 1: Illness and Injuries (check those that apply and give appropriate dates)**

Chronic or Recurring Illness

- Ear Infection       Bleeding/Clotting Disorders       Hypertension       Asthma  
 Hearing Defect/Disease       Musculoskeletal Disorders       Seizures       Diabetes  
 Convulsions       Epilepsy       Motion Sickness  
 Other (specify) \_\_\_\_\_ Date of last Tetanus shot or DPT \_\_\_\_\_

Date of Last Health Examination: \_\_\_\_\_ Operations or Serious Injuries \_\_\_\_\_

Were any complicating medical problems noted in last health exam?  Yes  No

Is girl currently under the care of a physician or psychologist?  Yes  No

Please explain any "yes" answers to the above questions. \_\_\_\_\_

**Part 2: Allergies (check those that apply and specify nature of allergic reaction)**

- Animals \_\_\_\_\_       Hay Fever \_\_\_\_\_       Pollen \_\_\_\_\_  
 Food \_\_\_\_\_       Medication \_\_\_\_\_       Plants \_\_\_\_\_  
 Insect sting \_\_\_\_\_       Other \_\_\_\_\_

List any other medical conditions. \_\_\_\_\_

**Part 3: Medications**

Is your child currently taking any medication?  Yes  No If yes, describe the condition/disease and the medication and dosage she is taking. \_\_\_\_\_

Girl Scout Leaders and/or Adult Volunteers are permitted to dispense medications, aspirin, Tylenol, and other drugs, provided by parents ONLY WITH WRITTEN PARENTAL INSTRUCTIONS. All medications are to be given to the leader/adult volunteer in their original containers; none are to be with the Girl Scout for self-administration.

I know of no reason(s), other than the information on this form, why my daughter should not participate in prescribed activities except as noted.

Signature of Parent/Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_