



# Girl/Adult Health History Form

GIRL MEMBER  ADULT MEMBER

\*Troop Leader - please retain for your records

<b>CONTACT INFORMATION</b>	Troop #: _____ or Individual <input type="checkbox"/>		
	First Name: _____	Middle Initial: _____	Last Name: _____
	Address: _____	Apt. #: _____	PO Box: _____
	City: _____	State: _____ ZIP: _____	Phone: ( ) _____
	Cell: ( ) _____	Email: _____	
	Parent/Guardian(s) Name and address (If different from girl's): (Complete for girl member only)		Phone: ( ) _____
	1. _____	Cell: ( ) _____	
Parent/Guardian(s) Name and address (If different from girl's): (Complete for girl member only)		Phone: ( ) _____	
2. _____	Cell: ( ) _____		

<b>HEALTH INFORMATION</b>	Name of Family Physician: _____	Phone: ( ) _____
	Family Medical/Hospital Insurance Carrier: _____	Policy/Group #: _____
	Health Information: Age: _____ Date of birth: / / MM DD YY	<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? _____
	Illnesses & Injuries (check all that apply)	
	<input type="checkbox"/> Ear Infection <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Seizures <input type="checkbox"/> Other: (specify) _____	
	Allergies (check those that apply and note nature of allergic reaction)	
	<input type="checkbox"/> Animals: _____ <input type="checkbox"/> Plants: _____ <input type="checkbox"/> Pollen: _____ <input type="checkbox"/> Hay Fever: _____ <input type="checkbox"/> Insect Bites: _____ <input type="checkbox"/> Medicines/Drugs: _____ <input type="checkbox"/> Food: _____ <input type="checkbox"/> Other: (specify) _____	
	<input type="checkbox"/> Participant takes medication on a regular basis. Parents, please discuss medication usage and concerns with your troop leader.	
Medication: _____ Amount: _____ Frequency: _____		
Other Health Conditions (check those that apply)		
<input type="checkbox"/> Bed Wetting <input type="checkbox"/> Constipation <input type="checkbox"/> Menstrual Cramps <input type="checkbox"/> Motion Sickness <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Sleep Disorders <input type="checkbox"/> Emotional Disturbances <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Sickle Cell Trait or Disease <input type="checkbox"/> Fainting <input type="checkbox"/> Special Dietary Needs <input type="checkbox"/> Wears Glasses or Contact Lenses <input type="checkbox"/> Other: (specify) _____		
Please indicate any information that may be useful to the adult in charge regarding child's/adult's health conditions. Also, indicate any activities that should be restricted: _____		
In case of emergency, contact:		
Name & Relationship: _____	Phone: ( ) _____	Cell: ( ) _____
Name & Relationship: _____	Phone: ( ) _____	Cell: ( ) _____

<b>AUTHORIZATION</b>	PARENT/GUARDIAN AUTHORIZATION I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities. I will also inform leaders of any changes to this form.
	Signature of parent/guardian: _____ Date: _____
<b>AUTHORIZATION</b>	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: _____

## Permission to Transport After Troop Meeting

Occasionally, parents/guardians are delayed in picking up a girl after a troop meeting. In the event that a girl has not been picked up within the time frame the leader has designated, the following actions will be taken:

- The leader will place one reminder phone call to you, the parent/guardian.
- If you do not respond, the leader will call the person who you designate below. This person will be asked to come pick up your daughter.
- If no designee can be reached, the leader will contact local authorities to assist in locating you.

My daughter, \_\_\_\_\_, has my permission to be transported by & released to the care of \_\_\_\_\_, following any Girl Scout meeting for which I am more than \_\_\_\_\_ minutes late in picking her up. The phone number of the responsible adult is \_\_\_\_\_.

**Please note:** There may be additional permission forms throughout the year for special events/overnights. Check your local and state policies on booster seat requirements when transporting any Girl Scouts in any vehicles.

*Leader retains this page with troop records.*

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