

Girl/Adult Health History Form



GIRL MEMBER ADULT MEMBER

This form is to be completed for girls and adults assisting with a troop. It will be retained by the troop and will become part of the troop records for three years. After the form is **initially** completed and signed it will only need to be reviewed yearly. Make corrections, additions and updates as needed, then initial and date.

Troop #:	or Individual: <input type="checkbox"/>	Service Unit#:	Year:	Grade:	Initials:	Date:
Troop #:	or Individual: <input type="checkbox"/>	Service Unit#:	Year:	Grade:	Initials:	Date:
Troop #:	or Individual: <input type="checkbox"/>	Service Unit#:	Year:	Grade:	Initials:	Date:

Contact Information	Name:				
	Address:				
	City/State/Zip:				
	Day Phone: ()		Evening Phone: ()		
	Cell Phone: ()		Email:		
	Girl is under the custodial care of: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother/Guardian Only <input type="checkbox"/> Father/Guardian Only <input type="checkbox"/> Other				
	Parent/Guardian(s) Name: (Complete for girl only)				Phone: ()
	1.				Cell: ()
	Parent/Guardian(s) Name: (Complete for girl only)				Phone: ()
	2.				Cell: ()
Emergency Contact Name :			Relationship:		
Day Phone: ()		Evenings: ()		Cell: ()	
Health Information	Physician's Name:				Phone:
	Clinic Name:		Insurance Name:		Policy #:
	Immunizations are up to date: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Has participant had any recent injuries or surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes please explain:				
	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:				
	Allergies (list):				
Special Concerns (check as appropriate):					
<input type="checkbox"/> ADHD	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Defect/Disease	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Other:	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Headaches	<input type="checkbox"/> Hyperglycemia	<input type="checkbox"/> Motion Sickness		
Special Fears (storms, water, insects) specify:					
Special Dietary Regimen:					
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 activities except as noted.					
Signature of adult member:			Date:		

HEALTH HISTORY FORM

TROOP LEADER-Please retain this form for your records in a confidential manner.

GSMWLP 8/09 #3801