



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 _____