

Girl/Adult Health History Form

Please print clearly in ink.

ADULT MEMBER GIRL MEMBER

CONTACT INFORMATION

Troop # _____ Or Individual Girl Service Unit: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Cell: _____ Email: _____

Parent/Guardian Name and address (if different from girl's): (Complete for girl form only) _____

1. _____ Cell: _____

Parent/Guardian Name and address (if different from girl's): (Complete for girl form only) _____

2. _____ Cell: _____

Custodial Care Information: Both Parents One Parent (specify): _____

HEALTH INFORMATION

Name of Family Physician: _____ Phone: _____

Medical/Hospital Insurance Carrier: _____ Policy/Group #: _____

Dental Insurance Carrier: _____ Policy/Group #: _____

Health Information: Age: _____ Date of Birth: _____ Immunizations are up to date.

Date of last Tetanus shot: _____

Does participant have any physical, mental, or psychological conditions requiring medication, treatment, or other special restrictions or considerations? Yes No If yes, please state medication and reason:

Does participant take any prescribed medications or over-the-counter drugs on a regular basis? Yes No

If yes, please state medication and reason:

Is participant restricted or limited from participating in any physical activity? Yes No

If yes, please explain:



Participant has the following health conditions/allergies/dietary restrictions (food and medications):

ADHD Asthma Diabetes Headaches Seizures Other: _____

Allergies (Specify): _____

AUTHORIZATION

Emergency Contact (non-parent): _____

Relationship: _____ Phone: _____ Cell: _____

FOR GIRL – Parent/Guardian Authorization

This health form is completed 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 daughter/girl needs medical attention while participating in Girl Scout activities, I authorize the adult in charge to see that my daughter/girl receives routine healthcare, medications, reasonable first aid and to transport my child to a health care facility for emergency services as needed.

Signature of parent/guardian: _____ Date: _____

FOR 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: _____

To the parent/guardian: The health of the girl is primarily the responsibility of her parents or guardians. The Girl Scout organization strongly recommends annual health examinations, dental checkups, and immunizations against preventable diseases. The Girl Scout policy on health and safety implies a responsibility to the participants for their protection. It also implies the right of the organization to be assured, as far as possible, that the participants are physically able to take part in the activities. * A record of health examination (physical checkup) given by a licensed physician within the preceding 12 months is obtained before a girl participates in resident camping, in a trip of more than three days, or in contact sports on an organized, competitive basis.

To the leader: All leaders at GSCSNJ are advised to obtain and store girl health histories, and those of any adults attending troop trips. Health history forms can be submitted in a sealed envelope only to be opened in the event of an emergency. Due to HIPAA laws, a health history form cannot be required. For various reasons, some parents/guardians may object to immunizations or medical examinations. Provisions should be attempted for these girls to attend Girl Scout functions in a way that accomodates these concerns. The following activities can not be participated in without a completed and signed health history form: water sports, horseback riding, skiing, hiking, gymnastics, and other physically demanding activities.