Girl Health History

Parents/guardians: Complete, sign, and give to the Troop/Group Leader

Troop/Group Leaders: Keep this information in a safe and confidential place. When this girl is no longer a member, please shred document. This form may be used for many years if it is reviewed, updated and signed annually.

This form must be on site during any Girl Scout activity.

Girl's Name ____________________________ ____________________________ Date of Birth _____________
Last First

Parent/Guardian(s) ____________________________________ ____________________________________

Parent/Guardian Home Phone ________________________ Work Phone ______________________________

Cell Phone ______________________________ E-mail____

Name of family physician ____ Phone _________________________

Family medical/hospital insurance carrier ____________________Policy or Group No. _______________________

Part I: Illnesses and injuries (Check those that apply.)

☐ Ear Infection ☐ Bleeding/Clotting Disorders ☐ Hypertension ☐ Hypotension ☐ Asthma ☐ Hypoglycemia
☐ Heart Defect/Disease ☐ Seizures ☐ Musculoskeletal Disorders ☐ Diabetes
☐ Other (specify) ____

Date of last health examination: ______________________________

Were any complicating medical problems noted in last health examination? ___________________________

Part II: Allergies (Check those that apply and specify nature of allergic reaction.)

☐ Animals __________________________________ ☐ Hay fever_____________________________
☐ Pollen ___________________________________ ☐ Food _________________________________
☐ Medicines/drugs ____________________________ ☐ Insect stings __________________________
☐ Plants ___________________________________ ☐ Other (specify) _________________________

Part III: Other health conditions (Check those that apply.)

☐ Bed wetting ☐ Constipation ☐ Menstrual cramps ☐ Motion sickness ☐ Fainting ☐ Nosebleeds
☐ Sleep disturbances ☐ Emotional disturbances ☐ Wears glasses or contact lenses ☐ Hearing impairment
☐ Sickle cell trait or disease ☐ Special dietary regimen ☐ Other (specify) ____________________________

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

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Part IV: Immunization History

Immunization	Year Primary Series Completed	Year of Last Booster
D.T.P. (Diptheria; Pertussis (whooping cough); Tetanus)	_______________	_______________
Td	_______________	_______________
Measles	_______________	_______________
Mumps	_______________	_______________
Rubella (German measles)	_______________	_______________
Oral Polio	_______________	_______________
Hib	_______________	_______________
Tuberculin test (most recent) Result	_______________	_______________

Girl's Name ______________________ ______________________
Last First

Current medications (need to be in original container with dosage).

____
____

Dietary restrictions

____
____

Emergency Contact

Name ______________________________ Relationship ______________

Home Phone ______________ Work Phone ______________ Cell Phone ______________

Permission for Emergency Medical Treatment

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts Diamonds of Arkansas, Oklahoma and Texas to seek treatment for my child and/or dependent minor by a licensed physician. I know of no reason(s) why my daughter/ dependent may not participate in prescribed activities except as noted on the Health History form.
If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.

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

Signature of parent/guardian ______________________ Date ______________

Signature of parent/guardian ______________________ Updated ______________

Signature of parent/guardian ______________________ Updated ______________

Signature of parent/guardian ______________________ Updated ______________

Signature of parent/guardian ______________________ Updated ______________

Signature of parent/guardian ______________________ Updated ______________

Signature of parent/guardian ______________________ Updated ______________