

Annual Adult Health History Form

The information on this form must accompany the the troop leader(s) (paper or electronic versions) at every event, activity, or trip.

This form must be completed by legal guardians only.

I am submitting this form for the _____ to _____ Girl Scout year (ex: 2023-2024).

Adult Member Information

Full Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Information

Full Name: _____

Phone Number: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Troop Information

Troop Number: _____ Troop Leader's Name: _____

Troop Leader's Email Address: _____

Adult Health Information

Name of Family Physician: _____ Phone: _____

Family Medical Insurance Carrier: _____ Policy Number: _____

Date of Last Tetanus Shot: _____ Date of Last Health Examination: _____

Recent Injuries or Surgeries: _____

Current Prescriptions Medications: _____

Restricted Physical Activities: _____

Present Medical Conditions (Examples: ADHD, Asthma, Diabetes, Seizures): _____

Current Allergies: _____

Immunizations up to date? Yes No

Special accommodations (enter NA for none): _____

Legal Guardians – Please initial in the permission Boxes

	I understand and agree
<p>COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts - Diamonds of Arkansas, Oklahoma and Texas (Girl Scouts - Diamonds) takes every safety and preventative precaution, Girl Scouts - Diamonds can in no way warrant that COVID-19 infection will not occur through participation in Girl Scout programs, event, activities, etc.</p>	
<p>I will not attend any Girl Scout programs, events or activities if I do not consider myself to be in good physical condition or if I have been exposed to any contagious disease. I know of no reason(s) why I should not participate in the planned Girl Scout activities, events or programs.</p>	
<p>Health and Safety are top priorities to myself and Girl Scouts - Diamonds of Arkansas, Oklahoma and Texas.</p> <p>I promise to:</p> <ul style="list-style-type: none"> ▶ Stay safe and help others stay safe. ▶ Help when I can. ▶ Be a good health and safety role model for my fellow Girl Scouts. Follow Girl Scouts - Diamonds safety standards and policies, and encourage others to do the same. ▶ Never compromise my own safety or the safety of other Girl Scout participants. ▶ Actively look for hazards, report them and take action to warn others. ▶ Be guided by the Girl Scout law. 	

I have read and understand this adult health history form. I may change or revoke any aspect of this form by submitting a written request to the troop leader. I certify that the information I provided is complete and accurate.

I understand that electronic signatures on this form must be from a secure qualified trust service provider (QTSP), such as DocuSign.

Adult participant signature: _____ Date signed: _____