

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 Home Phone			Work Phone			
Cell Phone			E-mail			
Name of family physician			Phone			
Family medical/hos	Po	Policy or Group No.				
Part I: Illnesses and	d injuries (Check those that apply.)					
□ Ear Infection□ Bleeding/Clotting Disorders□ Hypoglycemia□ Heart Defect/Disease□ Other (specify)		☐ Seizures	☐ Hypertension ☐ Hypotension ☐ Asthm☐ Seizures ☐ Musculoskeletal Disorders			
Date of last health e	xamination:					
Were any complicat	ting medical problems noted in last h	ealth examinatio	on?			
Part II: Allergies (C	Check those that apply and specify na	ature of allergic r	eaction.)			
□ Animals		☐ Hay feve	□ Hay fever			
□ Pollen	☐ Food	□ Food				
☐ Medicines/drugs		☐ Insect stings				
			er (specify)			
☐ Bed wetting ☐ Nosebleeds ☐ Hearing impairme Please explain any it	th conditions (Check those that apply Constipation M M Sleep disturbances DErent Sickle cell trait or disease Spaces that are checked. Indicate any itions. Also, indicate any activities to be	enstrual cramps motional disturb pecial dietary reg	ances □ We gimen □ Otl ful to the adul	her (specify)	ontact lenses	
Part IV: Immunizat Immunization D.T.P. (Diptheria; Pe Td Measles Mumps Rubella (German me Oral Polio Hib	ertussis (whooping cough); Tetanus)	Year Primary Series Complet	ed 	Year of Last Booster	- - - -	
Tuberculin test (most recent) Other			Result		-	

Girl's Name				
Last	First			
Current medications (need to be in orig	ginal container with dosage)			
Dietary restrictions				
Emergency Contact				
Name		Relationship		
Home Phone	Work Phone	Cell Phone		
contact can be made, I hereby give autidependent minor by a licensed physicial prescribed activities except as noted of is not given, please prepare a signed instructions and attach to this form.	horization to Girl Scouts of Colora an. I know of no reason(s) why m in the Health History form. If perr statement providing the reasor			
prescribed activities except as noted.	normation indicated on this form	n, why my daughter should not participate in		
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		