



2026-2027 Health History Form Girl/Adult

Must be completed by a parent/guardian

Girl Scout's Name: _____ Date of Birth: ____/____/____ Age: _____

Address: _____ Troop#: _____

Parent/Guardian #1

Name: _____

Relationship:

Phone: _____

Phone: _____

Parent/Guardian #2

Name: _____

Relationship:

Phone: _____

Phone: _____

Emergency Contact (non parent/guardian)

Name:_____

Relationship:

Phone: _____

Phone: _____

Girl Scout Information

Height: _____ Weight: _____

Girl Scout is under the care of a physician for the following conditions:

Current treatment(s) and/or medication(s): _____

Girl Scout will bring an asthma inhaler to activities? ☐ YES ☐ NO

To your knowledge is the Girl Scout able to safely participate in all

Girl Scout activities? ☐ YES ☐ NO

If no, please explain any restrictions below.

Is Girl Scout likely to wet the bed while at Girl Scouts? ☐ YES ☐ MAYBE ☐ NO

Is Girl Scout likely to sleep walk while at Girl Scouts? ☐ YES ☐ MAYBE ☐ NO

Allergies

☐ No known allergies ☐ Food/Medical/Environmental

Allergen

Reaction

EpiPen or other medication?

Immunization History

☐ Girl Scout is fully immunized

☐ Girl Scout is partially immunized

☐ Girl Scout is vaccination exempt

Date of last tetanus shot _____

Dietary Restrictions

☐ Vegan

☐ Gluten Free ☐ Other

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Orthodontist: _____ Phone: _____

Insurance Information

Covered by medical/hospital insurance? ☐ YES ☐ NO Insurance Company: _____

Policy Number: _____ Group/ID: _____ Name of insured: _____ Relationship: _____

Health History

Check YES or NO for each statement. Explain YES answers below.

Asthma	☐ Yes	☐ No	Psychiatric counseling/hospitalization	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No	Has the camper menstruated?	☐ Yes	☐ No
Sinusitis	☐ Yes	☐ No	If so, is her menstrual history regular?	☐ Yes	☐ No
Bronchitis	☐ Yes	☐ No	Operations or series injuries	☐ Yes	☐ No
Fainting/Dizziness	☐ Yes	☐ No	Seizures/convulsions	☐ Yes	☐ No
ADD/ADHD	☐ Yes	☐ No	Constipation/diarrhea	☐ Yes	☐ No
Stomach upset	☐ Yes	☐ No	Urinary tract infections	☐ Yes	☐ No
Hypertension	☐ Yes	☐ No	Heart defect/disease	☐ Yes	☐ No
Skin condition	☐ Yes	☐ No	Bleeding/clotting disorder	☐ Yes	☐ No
Eating disorder	☐ Yes	☐ No	Recent infectious disease	☐ Yes	☐ No
Physical disability	☐ Yes	☐ No	Chronic/recurring illness	☐ Yes	☐ No
Visual disability	☐ Yes	☐ No	Frequent ear infections	☐ Yes	☐ No
Hearing disability	☐ Yes	☐ No	Frequent cold/sore throat	☐ Yes	☐ No
Behavioral issues	☐ Yes	☐ No	Emotional disability	☐ Yes	☐ No
			Other	☐ Yes	☐ No

If your girl is participating at camp, the Camp Health Center stocks the following over-the-counter medications at camp, which are used on an as needed basis to manage illness and injury **that occur while participating in Girl Scouts**. Please check any medications below that the Girl Scout has permission to receive.

☐ Acetaminophen (i.e. Tylenol)	☐ Anti-fungal cream (i.e. Tinactin)	☐ Medicaine swabs
☐ Anti-inflammatory (i.e. Advil, Motrin, Aleve)	☐ Absorbine Jr aspirin free analgesic ointment	☐ Anbesol Gel
☐ Diphenhydramine	☐ Calamine/Caladryl lotion	☐ Epsom salt
☐ antihistamine/allergy medicine (i.e. Benadryl)	☐ 1% hydrocortisone cream	☐ Saline nose drops/eye drops/wash
☐ Guaifenesin cough syrup (i.e. Robitussin plain)	☐ Tums/chewable Pepto Bismal tablets	☐ Mucinex plain
☐ Diphenhydramine (Benadryl) cream	☐ Antiseptic throat spray	☐ Burngel
☐ Throat/cough lozenges	☐ Antibiotic cream (i.e. Neosporin, Bacitracin)	☐ Claritin

Sunscreen

Parents are encouraged to pack sunscreen for their Girl Scout's luggage. Sunscreen will not be provided.

Will the Girl Scout bring sunscreen to a campout? ☐ YES ☐ NO

I give permission for the troop first aider to assist the Girl Scout in applying her sunscreen. ☐ YES ☐ NO

Please use this space to provide further information that the troop first aider should be made aware of and please attach additional pages, if necessary, such as EpiPen, Asthma Inhaler, or Diabetes. ☐ No further information

This health history is correct so far as I know. The person herein described has my permission to engage in all Girl Scout activities except as noted. I hereby give permission to the first aider to provide routine health care, administer prescribed medications, or over the counter and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Girl Scout Adult to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the Girl Scout Adult to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied.

Printed Name

Relationship to Camper

Signature

Date