

GIRL/ADULT HEALTH HISTORY RECORD

This health history is to be completed and signed annually. Separate permission is given for emergency medical treatment/medication.

Name _____ Date of Birth _____ Telephone Number _____

Address _____

Family medical/hospital insurance carrier _____ Policy or Group No. _____

Name of Family Physician _____ (Area Code) Phone _____

Part 1: Illnesses and Injuries (check those that apply and give appropriate dates) Weight: _____

Chronic or Recurring Illness

- | | | | |
|--|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Musculoskeletal Disorders | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> 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)

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Animals | _____ | <input type="checkbox"/> Hay Fever | _____ |
| <input type="checkbox"/> Pollen | _____ | <input type="checkbox"/> Food | _____ |
| <input type="checkbox"/> Medicines. Drugs | _____ | <input type="checkbox"/> Insect stings | _____ |
| <input type="checkbox"/> Plants | _____ | <input type="checkbox"/> Other(specify) | _____ |

Part IV: Immunization History

Immunization	Year Primary Series Completed	Year of Last Booster
Tetanus	_____	_____
Tuberculin test (most recent)	Result	_____

Part III: Other health conditions (check those that apply)

- | | |
|---|--|
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Emotional disturbances |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Menstrual cramps | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Sickle cell trait or disease |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Special dietary regimen |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Wears glasses or contact lenses |
| Other (specify) _____ | |

- Immunization history is attached.
- All Immunizations are up-to-date

Emergency Contact: Name _____

Relationship to Girl Scout: _____

Phone# _____

Home _____ Cell _____

Please explain any items that are checked above on back. 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.

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

Membership Year Oct. 1, _____ - Sept. 30, _____ Signature _____ Date _____
*(must sign here)

After review and update of forms: I have reviewed the Health History Record and updated all information. I know of no reason(s), other than the information indicated on this form why I/my daughter should not participate in prescribed activities except as noted.

2nd year Membership Year Oct. 1, _____ - Sept. 30, _____ Signature _____ Date _____

3rd year Membership Year Oct. 1, _____ - Sept. 30, _____ Signature _____ Date _____

I hereby give the attending adult permission to authorize and/or give emergency medical treatment.

Parent/guardian _____
*(must sign here)

Permission to give (please circle): Tylenol Simple antacid
Antihistamine Ibuprofen

In the event of a serious incident that affects the personal health, safety and welfare of girls or volunteers.

1. Give priority attention to providing all possible care for the injured person(s).
2. Secure doctor, ambulance, police and clergy as appropriate.
3. Call the council's emergency number to report the emergency and to secure additional assistance - 804-254-3292