

Girl Scout Health History and General Participation Permission

Parent/Guardian – Please complete this form and provide it to your Girl Scouts Troop Leader Troop/Group Leader – Keep this form with your troop/group records

Personal Information									
Girl Scout Name	Birth Da	ate							
Address	City		State	Zip Code					
Parent/Guardian									
Phone	Other Pl	Dlagrag							
		none							
My Girl Scout is under the cus	stodial care of:								
		/guardian	Other (specify)						
parents only	only								
If Parent/Guardian cannot be reached, please notify:									
	, p = = = = = = = = = = = = = = = = = =								
Name	Name								
Phone	Phone								
Other Phone	Other Phone								
Other Phone									
Physician Information									
Nome		Dleane							
Name		Phone							
Medical/Hospital Insurance (Carrier	Policy/Group Number							
	Are activities restricted?								
Date of last health exam Yes No If yes, please explain.									
Haalth History		, , <u>, , , , , , , , , , , , , , , , , </u>	•						
Health History I. Allergies: Check all that appl	ly and elaborate if necessar	rv.							
Animals			Hay Favo	r					
	rood Pollen Medicine Other Other								
	Other .								
II. Physical/Mental/Emotiona	l Health:								
A otlano /D oninotono		1		Ciplelo Coll Tuoit on					
Asthma/Respiratory Problems	Diabetes	Heart	Disease	Sickle Cell Trait or Disease					
ADD/ADHD	Ear Infections	Hype	rtension	Sleep Disorders					
Autism	Epilepsy/ Seizures		ey Disease	Stomach Issues					
Bedwetting	Fainting	Motio	Other:						
Bleeding/Clotting	Headaches	Musc	uloskeletal						
Disorders		Disor							
Constipation	Hearing Impairment Nosel		oleeds						



	child w t Lenses		ny of the following: Glasses Dental 1	Appliance	Other			
				тррпапсс				
Please List	All Cur	rent M	edications					
				_				
Are any nee	eded dur	ing tro	op/group activities?	Yes		h ones below:		
1.					Dosage:			Time:
2.				Dosag			Time:	
3.			Dosag			Time:		
4.			_ Dosag	e:		Time:		
The Follow	ring Orro	rtha C	Counter Medicines May	Ro Gizzon to	Mw Child			
Tylenol	Yes	No	ounter medicines may	Medicines May Be Given to My		•		
1 y leffor	163	NO			ibupitoteti	163	No	
			Dosage					Dosage
Benadryl	Yes	No			Aspirin	Yes	No	
			Dosage					Dosage
child sh consen made to covered the charge advisable.	nould no t to med o contac d by GSI y author to obtai ole by su nformat	ot parti lical tre ct me b JSA Ac rize tro n and c ach per cion on	cipate in troop/group ace atment when either I or efore such action. I assutivity Accident Insurance op/group adults to give consent on my behalf to verson for the well-being of this form changes, I will	etivities exc my assigno ame financi ce. necessary f whatever m f my Girl So	ept as noted. I ee cannot be co al responsibili first aid to my nedical diagnos cout.	authorize ontacted. ty for em Girl Scou sis or trea	e the G I unde ergenc t. I also tment	ted on this form, why my irl Scout adult in charge to rstand every effort will be by care if such care is not authorize the person in is deemed necessary or formation as soon as I am
Parent/	Guardia	n Signa	ture:				Dat	te:
Publicity/1	Transpo	rtatio	n/General Girl Scout Ac	ctivities Au	ıthorization			
Parent/Gua								
			or my Girl Scout to parti		gular Girl Scou	ıt activitie	es, incl	uding troop/group
			ey-earning activities, etc					
						es, broad	lcast m	nedia, print media and/or
			to be used in Girl Scout ave my permission to tra			troop to	in or i	and of an amorgan
□ Troop/	Group a	uuits fi	ave my permission to tra	ansport ffly	GII I SCOUL ON E	а и оор иг	ip or in	case of an emergency.
Parent/	Guardia	n Signa	iture:				Dat	re: