

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 Date _____

Address _____ City _____ State _____ Zip _____
Code _____

Parent/Guardian () _____ () _____
Phone _____ Other Phone _____

My Girl Scout is under the custodial care of:
 both parents Mother/guardian only Father/guardian only Other (specify) _____

If Parent/Guardian cannot be reached, please notify:

Name _____	Name _____
Phone _____	Phone _____
Other Phone _____	Other Phone _____

Physician Information

Name _____ () _____
Phone _____

Medical/Hospital Insurance Carrier _____ Policy/Group Number _____
 Date of last health exam _____ Are activities restricted? Yes No
 If yes, please explain. _____

Health History

I. Allergies: Check all that apply and elaborate if necessary.

<input type="checkbox"/> Animals _____	<input type="checkbox"/> Plants _____	<input type="checkbox"/> Hay Fever _____
<input type="checkbox"/> Food _____	<input type="checkbox"/> Pollen _____	<input type="checkbox"/> Medicine _____
<input type="checkbox"/> Insect bites/stings _____	<input type="checkbox"/> Other _____	

II. Chronic/Recurring Conditions: Check all that apply:

<input type="checkbox"/> Asthma/Respiratory Problems	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Seizures	<input type="checkbox"/> Ear Infections
<input type="checkbox"/> Emotional Disturbances	<input type="checkbox"/> Headaches	<input type="checkbox"/> Constipation	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Musculoskeletal Disorders	<input type="checkbox"/> Fainting	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Sickle Cell Trait or Disease	<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Dietary Restrictions	<input type="checkbox"/> Other _____	

III. Check if child wear any of the following:

Contact Lenses Glasses Dental Appliance Other _____

Please List All Current Medications

Are any needed during troop/group activities? Yes No – If yes, please list which ones below:

1.	Dosage: _____	Time: _____
2.	Dosage: _____	Time: _____
3.	Dosage: _____	Time: _____
4.	Dosage: _____	Time: _____

The Following Over the Counter Medicines May Be Given to My Child

Tylenol <input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____
Dosage	Dosage
Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No	Aspirin <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____
Dosage	Dosage

I do not give my consent for any of the over the counter medicines, listed above, to be given to my child.

Treatment Authorization

Parent/Guardian Statement:

- This health history is complete and accurate. I know of no reason(s), other than indicated on this form, why my child should not participate in troop/group activities except as noted. I authorize the Girl Scout adult in charge to consent to medical treatment when either I or my assignee cannot be contacted. I understand every effort will be made to contact me before such action. I assume financial responsibility for emergency care if such care is not covered by GSUSA Activity Accident Insurance.
- I hereby authorize troop/group adults to give necessary first aid to my Girl Scout. I also authorize the person in charge to obtain and consent on my behalf to whatever medical diagnosis or treatment is deemed necessary or advisable by such person for the well being of my Girl Scout.
- If any information on this form changes, I will update the form with the appropriate information as soon as I am able.

 Parent/Guardian Signature: _____ Date: _____

Publicity/Transportation/General Girl Scout Activities Authorization

Parent/Guardian Statement:

- I give my permission for my Girl Scout to participate in regular Girl Scout activities, including troop/group meetings, troop money-earning activities, etc.
- I give my permission for my Girl Scouts photo to be included in videotapes, broadcast media, print media and/or her name and picture to be used in Girl Scout publicity and materials.
- Troop/Group adults have my permission to transport my Girl Scout on a troop trip or in case of an emergency.

 Parent/Guardian Signature: _____ Date: _____