Girl Scouts®

Girl Scouts of Historic Georgia, Inc.

GIRL HEALTH HISTORY AND PERMISSION SLIP

This completed form, along with other necessary papers, must accompany adult chaperone during all events/ trips/activities. Also, this necessary paperwork must be in vehicles transporting the girls to whom they refer.

Name: _____ Date of Birth: _____ Age: _____
Last First Initial

Parent/Guardian: _____ E-mail Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (___)_____ Work Phone: (___)_____ Cell Phone: (___)_____

Emergency Contact: _____ Relationship to child: _____ Phone: (___)_____
(Person to contact if Parent/Guardian cannot be reached)

Family Physician: _____ Phone: (___)_____

Family Medical/Hospital Insurance Carrier: _____ Policy/Group #: _____

Health History (check those that apply)

☐ Convulsions/Seizures ☐ Hypertension ☐ Ear Infection ☐ Musculoskeletal Disorders ☐ Bleeding/Clotting Disorders
☐ Heart Defect/disease ☐ Diabetes ☐ Asthma ☐ Other: _____

Date of last health examination: _____ Complicating medical problems noted in last health examination _____

Allergies (state what they are and specify the nature of the allergic reaction): _____

Does participant carry an Epi-pen? _____ If yes, can she self-administer? _____

Date of last tetanus shot _____

Diseases (check those that apply)

☐ Chicken Pox ☐ Measles ☐ German Measles ☐ Mumps ☐ Tuberculosis ☐ Other (specify)_____

Immunizations (please initial)

_____ Immunizations are current and up to her school's standards.

Check those that apply and describe:

☐ Current care by a physician or psychologist _____

☐ Serious injury or operation _____ ☐ An illness lasting more than five (5) days _____

☐ Prescribed medication _____ ☐ Regularly taken over the counter medication _____

☐ Recent exposure to a contagious disease _____

_____

☐ Restrictions concerning physical activity _____

Other Health Conditions (check those that apply).

☐ Motion sickness ☐ Special dietary regimen ☐ Hearing impairment ☐ Sleep disorders
☐ Emotional disturbances ☐ Fainting ☐ Nosebleeds ☐ Glasses/contact lenses
☐ Fears ☐ Other: _____

Please explain any items checked above. Indicate any information useful to the adult in charge in relation to these health conditions: _____

Please use other side if necessary.

Please indicate any activities to be encouraged or restricted. _____

This health history is complete and accurate. The adult in charge of the Girl Scout troop activity may give permission to the physician selected to order X-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for, and to order injection and/or surgery for my child as named above. My daughter has permission to engage in all of the following activities, except as noted by me.

Activity	Date	Restrictions

Signature: _____ Date: _____