



Girl and Adult Health History Card (and Photo/Voice Release)

Instructions

1. This card, signed by the parent or guardian, is needed prior to a girl participating in Girl Scout activities lasting two nights or less. This includes troop meetings, day trips, weekend camping trips, and one or two night troop trips. Adults are encouraged to provide their own Health History Card in case of an emergency.
2. This form takes the place of the Girl Health History Record included on the back of the registration form.
3. Parents may wish to make a copy in case daughter participates in Girl Scout program events without her troop.

Name _____ Phone (____) _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 Name of Parent or Guardian _____ Work # _____ Other _____
 Family Physician Name _____ Telephone _____
 Family Medical/Hospital Insurance Carrier _____ Policy # _____ Group # _____
 Preferred Hospital Name (include city) _____ Telephone _____
 Date of Last Medical Exam _____ Are Immunizations Up To Date _____ Date of Last Tetanus Immunization _____
 Current Medications (Identify medication and explain condition being treated) _____

Please check all that apply:

<p>Since her last health exam has your daughter had:</p> <input type="checkbox"/> Serious injury requiring medical attention? <input type="checkbox"/> Treatment in a hospital or emergency room? <input type="checkbox"/> Exposure to a contagious disease? <input type="checkbox"/> Illness lasting more than 5 days? <input type="checkbox"/> Surgical operation or fracture? <input type="checkbox"/> Physical activity restriction?	<p>Allergies:</p> <input type="checkbox"/> Animals <input type="checkbox"/> Bee Stings <input type="checkbox"/> Food <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Stings <input type="checkbox"/> Medicines/Drugs <hr/> <input type="checkbox"/> Plants <input type="checkbox"/> Pollen <input type="checkbox"/> Other (Specify) <hr/>	<p>Chronic or Recurring Illness:</p> <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infection <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Seizures <input type="checkbox"/> Other (Specify) <hr/>	<p>Other Health Conditions:</p> <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Constipation <input type="checkbox"/> Emotional Disturbances <input type="checkbox"/> Fainting <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Motion Sickness <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Special Dietary Regimen <input type="checkbox"/> Wears Glasses or Contact Lens <input type="checkbox"/> Other <hr/>
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Please explain any items that are checked. 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. _____

Emergency Contact Name (other than parent) _____
 Relationship to Girl _____ Telephone _____

This health history is complete and accurate. I know of no reason(s), other than the information on this form, why my daughter should not participate in prescribed activities except as noted. I understand that medication needing to be administered to my daughter during a Girl Scout activity must be given to the adult in charge along with written instructions and permission to administer the scheduled dosage(s).

Photo/Voice Release : The council has my permission to make and use photographs, videos, and/or audio-tapes of my daughter, or any words written or spoken by her for the promotion of Girl Scouting. Yes No Initial _____

Signature of parent or guardian _____ Date _____

Girl Scout Leader—Keep cards with first-aid kit.

Mailing Address: P. O. Box 240246, Memphis, TN 38124-0246 ♦ Phone: (901) 767-1440 or 800-727-8104

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