

Health History Form



(to be completed and signed by parent/guardian)

To the parent/guardian

The health of the girl is primarily the responsibility of her parents or guardians. The Girl Scout organization strongly recommends annual health examinations, dental checkups, and immunizations against preventable diseases. The Girl Scout policy on health and safety implies a responsibility to the participants for their protection. It also implies the right of the organization to be assured, as far as possible, that the participants are physically able to take part in the activities.

* A record of health examination (physical checkup) given by a licensed physician within the preceding 12 months is obtained before a girl participates in resident camping, in a trip of more than three days, or in contact sports on an organized competitive basis.

To the leader:

An annual health history* completed and signed by a parent or guardian is required for a girl to participate in water sports, horseback riding, skiing, hiking, non-contact sports such as track, tennis, or gymnastics, and other physically demanding activities. If the troop plans are likely to include such activities, this form should be distributed to parents/guardians and returned to you. (The beginning of the troop year is an ideal time.) Check to see that the form is complete and there is a physician's note where required. Keep the form on file so that you may review the content and observe any cautions or restrictions noted by the parent or physician. **Part II** of this will provide useful information for you.

Information on health histories and health exams are kept confidential.

Name _____ Date of Birth _____ Age _____
 Address, City, State, Zip _____
 Name & phone number of parent or guardian _____
 Business phone number of parent or guardian _____
 Name & phone number of person to notify in case of emergency ((**other than parent or guardian**)) _____
 _____ Relationship _____
 Name & phone number of girl's physician _____
 Family medical hospital insurance carrier _____ Policy/Group # _____

Part I: Illnesses and Injuries (Check those that apply)

_____ Asthma _____ Diabetes _____ Epilepsy _____ Kidney Disease
 _____ Convulsions _____ Ear Infection _____ Heart Disease _____ Other _____

Date of your daughter's last health examination _____

Were any medical problems noted in your daughter's last health examination? _____

Is your daughter currently under a physician's care for a medical problem? _____

Since her last health exam, has your daughter had:

a serious injury requiring medical attention? _____

an illness lasting longer than one week? _____

a surgical operation or fracture? _____

medication prescribed by a physician to be taken on a regular basis? _____

treatment in a hospital as an inpatient or in the emergency room? _____

Is your daughter restricted from participating in any school physical education activity? _____

Please explain any "yes" answers to the above questions. Include dates.

A written statement from your daughter's physician granting her permission to participate in strenuous activity such as water sports, horseback riding, skiing, hiking, non-contact sports such as track, tennis, or gymnastics is required if: she has a known complicating medical problem or has had a serious illness or injury or an operation since her last health exam or is taking medication prescribed by a physician on a regular basis.

Part II: Allergies (Check those that apply)

_____ Animals (specify) _____
 _____ Food (specify) _____
 _____ Hay Fever (specify) _____
 _____ Insect stings (specify) _____
 _____ Medicines/drugs (specify) _____
 _____ Plants (specify) _____
 _____ Pollen (specify) _____
 _____ Other (specify) _____

Part III: Immunizations

MUST HAVE DATES – DO NOT WRITE “UP TO DATE”

Immunization	Primary	Last Booster	Immunization	Primary	Last Booster
D.T.P. Diphtheria, Tetanus, Whooping Cough	_____	_____	Oral Polio	_____	_____
Measles	_____	_____	Rubella	_____	_____
Mumps	_____	_____	Tuberculin Test	Type _____	
Other _____	_____	_____		Last year given _____	
				Result _____	

Part IV: Other Health Conditions (Check those that apply)

_____ Bed wetting	_____ Constipation	_____ Emotional disturbances
_____ Fainting	_____ Hearing impairment	_____ Menstrual cramps
_____ Motion sickness	_____ Nose bleeds	_____ Sickle cell anemia
_____ Sleep walks	_____ Special dietary	_____ Wears contact lenses
_____ Wears glasses	_____ Other (specify) _____	

Please explain any “yes” answers to the above questions. 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.

This health history is correct and complete as far as I know, and the person herein described has permission to engage in all activities except as noted.

Signature of parent or legal guardian

Date