Confidential

Health History

For Day Camp Only

This form must be completed and signed by parents/guardians of girls or by adult members themselves. All health history forms will be held in limited access by the trustee (leader/facilitator/staff) of the specific Girl Scout program. The absolute minimal necessary information may be shared with program staff/volunteers in order to provide adequate health care. The health history form will be reatined by the Girl Scout program trustee until it is destroyed.

SECTION A: MEMBER INFORMATION

Name ______________________ Date of Birth ______________ Age ________ Troop # __________

Address ____

Parent/Guardian ______________________ Phone (______) ______________

Home Address ______________________ City ______________ Zip Code __________

Business Address ______________________ Phone (______) ______________

If Parent/Guardian is unavailable, contact: ______________________ Relationship ______________

Address ______________________ Phone (______) ______________

Name of family physician ______________________ Phone (______) ______________

SECTION B: HEALTH HISTORY/RECURRING CONDITIONS

Check each applicable item, giving appropriate dates and comments

ALLERGIES / DESCRIPTION

- ☐ Foods ______________
- ☐ Insects ______________
- ☐ Plants ______________
- ☐ Drugs ______________
- ☐ Animals ______________
- ☐ Hay fever ______________
- ☐ Asthma ______________
- ☐ Latex ______________
- ☐ Other ______________

ADDITIONAL INFORMATION

- ☐ Operation/Date __________
- ☐ Serious injury/Date __________
- ☐ Sleepwalking
- ☐ Bedwetting
- ☐ Fainting
- ☐ Constipation
- ☐ Night Disturbances
- ☐ Other ______________

DATE OF LAST HEALTH EXAMINATION: ______/______/______

Were any complicating medical problems noted? ______________

Is participant now under the care of a physician/psychologist? ________

List restrictions to swimming, diving, running, etc. ______________

____

Describe any medical/dietary regimen to be continued: __________

____

RECURRING CONDITIONS

- ☐ Ear Infections
- ☐ Heart Disease
- ☐ Kidney Ailment
- ☐ Convulsions
- ☐ Bronchitis
- ☐ Frequent Colds
- ☐ Frequent Sore Throat
- ☐ Stomach Upset
- ☐ Diabetes
- ☐ Hyperactivity
- ☐ Epilepsy
- ☐ Hearing Impairment
- ☐ Vision Impairment
- ☐ Orthopedic Impairment
- ☐ Learning Disability
- ☐ Other ______________

DISEASES / DATES

- ☐ Chicken Pox ________
- ☐ Measles ________
- ☐ German Measles ________
- ☐ Mumps ________
- ☐ Scarlet Fever ________
- ☐ Rheumatic Fever ________
- ☐ Poliomyelitis ________
- ☐ Whooping Cough ________
- ☐ Other ______________

IMMUNIZATIONS / DATES

- ☐ DPT ________
- ☐ Oral Polio ________
- ☐ Measles ________
- ☐ Td (Adult Tetanus) ________
- ☐ Mumps ________
- ☐ Rubella ________
- ☐ Tuberculin Test ________
- ☐ Tetanus ________
- ☐ Hib ________
- ☐ Hepatitis B ________
- ☐ Other ______________

SINCE LAST HEALTH EXAM, HAS THE PARTICIPANT HAD:

A serious illness requiring medical attention? ______________________

An illness lasting more than 5 days? ______________________

A surgical operation or fracture? ______________________

Treatment in a hospital or emergency room? ______________________

Any restrictions concerning physical activities? ______________________

Exposure to a contagious disease?____ Within the past month? ____ What?______________

THIS FORM MUST BE SIGNED

DUPLICATE THIS FORM AS NEEDED

SECTION C: PARENT/GUARDIAN MUST COMPLETE THE INFORMATION BELOW

I have read the above procedures for handling my/my daughter's health history information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. In case of emergency, I give permission for the First Aider(s) to administer medication, and/or First Aid AND give permission to an attending physician to hospitalize or secure proper treatment/surgery for me/my child. I give permission to transport me/my child to the nearest emergency facility for treatment. I know of no reason(s), other than the information indicated on this form, why I/my child should not participate in prescribed activities except as noted.

Signature of parent/guardian ______________________________ Date ______________