Girl and Adult Health History Form and Medical Release

girl scouts heart of the south

Instructions

Girl Scout Leader/Advisor—Keep cards with first-aid kit, accessible at all times.

1. This form, signed by the parent or guardian, is needed prior to a girl participating in Girl Scout activities. 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. 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 #______________ Cell #________________

Family Physician Name______________________________ Telephone____________________

Family Medical/Hospital Insurance Carrier____________________ Policy #___________ Group #___________

Policy Holder Name ________________ Preferred Hospital Name (include city)______________ Telephone___________

Date of Last Medical Exam _____ Immunizations Up To Date? Y/N ___ Fully-Vaccinated for COVID-19? Y/N ___

Date of Last Tetanus Booster _____ Current Medications (Identify meds and explain condition(s) being treated): ________

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Please check all that apply:

Since her last health exam has your daughter had:	Allergies:	Chronic or Recurring Illness:	Other Health Conditions:
☐ Serious injury requiring medical attention?	☐ Animals	☐ Asthma	☐ Bed Wetting
☐ Treatment in a hospital or emergency room?	☐ Bee Stings	☐ Bleeding/Clotting Disorders	☐ Constipation
☐ Exposure to a contagious disease?	☐ Food	☐ Diabetes	☐ Emotional Disturbances
☐ Illness lasting more than 5 days?	☐ Hay Fever	☐ Ear Infection	☐ Fainting
☐ Surgical operation or fracture?	☐ Insect Stings	☐ Heart Defect/Disease	☐ Hearing Impairment
☐ Physical activity restriction?	☐ Medicines/Drugs	☐ Hypertension	☐ Motion Sickness
	Nuts/Nut Products	☐ Musculoskeletal Disorders	☐ Nosebleeds
	☐ Plants	☐ Seizures	☐ Special Dietary Regimen
	☐ Pollen	☐ Other (Specify) ____________	☐ Wears Glasses or Contact Lenses
	☐ Other (Specify) ____________		☐ Other (Specify) ____________

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).

Medical Release: In the event__________________________becomes ill or sustains an injury while in the care of or under the supervision of **Girl Scouts Heart of the South** or any of its officers or leaders and it becomes necessary to seek professional medical treatment, I give my permission to the certified first aider to provide **First Aid and/or CPR** and to take the appropriate measures including contacting the **emergency medical services system** and arranging transportation to__________or the nearest emergency medical facility to receive treatment by a licensed physician. I understand that every effort will be made to contact me or the person designated by me as my emergency contact. ☐ Yes ☐ No Initial______

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**__________________

Year 1: Updated By:__________Date: ________

Year 2: Updated By:__________Date: ________