

# GIRL SCOUTS OF MIDDLE TENNESSEE

## GIRL AND ADULT HEALTH HISTORY RECORD

<b>USE:</b>	<ul style="list-style-type: none"> <li>This health history is to be completed and signed by parent/guardian of minor members or by adult volunteers themselves.</li> <li>The information should be reviewed by parent/guardian or adult member before every trip to ensure that the information has not changed.</li> <li>The troop leader and/or troop adult trained in first aid should ensure that the information on this form remains as confidential as possible. Out of date forms should be securely shredded.</li> </ul>
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Full Name:	Date of Birth:	Age:
Parent/Guardian Full Name:	Home Phone:	
Email address of adult:	Cell Phone:	
Home Address:	Business Phone:	
In Emergency, notify (adult other than parent/guardian):	Day Phone:	Evening Phone:

Insurance Information, please complete the following:

Carrier:	ID Number:	Group Number:
Member Services Phone Number:	Address:	

**Section I: Current Medications**

Is the participant currently taking any medication? Please list below. You may also use this space to indicate any over the counter medications that your daughter is allowed to take if necessary – note that troop leaders are not authorized to administer over the counter medications unless they are provided by the participant. Please indicate the usual dosage that you would administer. Only the adult certified in First Aid or other adult in charge of activity will be allowed to administer the medication based on your instructions. Any medications, along with written instructions for dosage, that your daughter must take while participating in a Girl Scout Activity must be given to the adult certified in First Aid or other adult in charge of activity prior to departure. The only exceptions to this shall be PRN inhalers or epi-kits that your daughter has been trained to self-administer (adult certified in First Aid and other adults in charge of activity must be made aware if your daughter is carrying such item).

Name of Medicine/indication	Date prescribed	Dosage	Other Comments

**Date of last health exam:** \_\_\_\_\_ Were any complicating medical problems or any conditions requiring monitoring or follow up noted in the last health exam? Explain on separate piece of paper.

Since the last health exam, has participant had:	YES	NO
Any injury or medical attention?		
An illness lasting more than five days?		
Any exposure to a contagious disease?		
Treatment in a hospital, outpatient clinic or emergency room?		
Any restrictions on physical activities?		

Please explain any yes answers:

## Girl and Adult Health History Record Cont'd

### Section II: Illnesses and injuries (check all that apply and explain below)

Chronic or Recurring Illness

Ear Infection  Bleeding/Clotting Disorders  Hypertension  Asthma

Heart Defect/Disease  Seizures  Diabetes

Other (explain) \_\_\_\_\_  
\_\_\_\_\_

Are Immunizations up to date?  YES  NO Date of last tetanus shot: \_\_\_\_\_

If your child is not immunized for religious or medical reasons please provide a written statement of explanation.

### Section III: Allergies (check all that apply and specify nature of allergic reaction)

Animals \_\_\_\_\_

Plants \_\_\_\_\_

Bugs/insects \_\_\_\_\_

Medicines/drugs \_\_\_\_\_

Other – describe \_\_\_\_\_

### Section IV: Other health conditions (check all that apply and explain in open space below)

Bed wetting  Emotional disturbances  Constipation  Fainting

Menstrual cramps  Motion sickness  Hearing impairment  Nosebleeds

Sleep disturbances  Dietary restrictions  Glasses/contact lenses  Anemia

Other (Specify) \_\_\_\_\_

#### FOR MINOR PARTICIPANTS

This health history is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted. If this information changes during the Girl Scout year I will notify the leader in writing. I understand that this information will remain confidential to the troop/group/program leaders, designated person trained in first aid, or emergency personnel as needed. I hereby give permission to the adult in charge to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the adult in charge to arrange necessary related transportation for my child.

\_\_\_\_\_  
(Signature of parent or legal guardian)

\_\_\_\_\_  
(Date this form was signed)

#### FOR ADULT PARTICIPANTS

This health history is complete and accurate. I am able to participate in prescribed activities except as noted. If this information changes during the Girl Scout year I will notify the leader in writing. I understand that this information will remain confidential to the troop/group/program leaders, designated person trained in first aid, or emergency personnel as needed.

\_\_\_\_\_  
(Signature of adult participant)

\_\_\_\_\_  
(Date this form was signed)

Troop #: \_\_\_\_\_

SU \_\_\_\_\_