

GIRL SCOUTS OF MIDDLE TENNESSEE GIRL AND ADULT HEALTH RECORD

This health record is to be completed and signed by a parent/guardian of minor members or by adult volunteers themselves. The information should be reviewed by a parent/guardian or an adult member before every trip to ensure that the information has not changed. The troop leader and/or troop adult trained in first aid should ensure that the information in this form remains as confidential as possible. Out of date forms should be securely shredded.

Full Name	Date of Birth	Age
Parent/Guardian Full Name	Day Phone	
Email Address of Adult	Evening Phone	
Home Address		
Emergency Contact Name	Emergency Contact Number	

INSURANCE INFORMATION

Carrier	ID Number	Group Number
Member Services Phone Number	Address	

SECTION I: Current Medications Please list any medications the participant is currently taking. 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 the participant provides them. Please indicate the usual dosage that you would administer. Only the adult certified in First Aid or other adult in charge of the activity will 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 the 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 the 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 a 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 RECORD CONT'D

SECTION II: Chronic or Recurring Illness and Injuries (check all that apply; attach list of explanations)

Ear Infection	Hypertension	Diabetes
Bleeding/Clotting Disorders	Asthma	Heart Defect/Disease
Seizures	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
Bugs/Insects
Medicines/drugs
Plants
Other- describe

SECTION IV: Other health conditions (check all that apply; attach list of explanations)

Bed wetting	Emotional disturbances	Constipation	Dietary restrictions
Menstrual cramps	Motion sickness	Hearing impaired	Glasses/contact lenses
Fainting	Nosebleeds	Sleep disturbances	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 proscribed 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 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 _____