

## Girl 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. Please remember this information is to be kept confidential.

### 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: Other Health Conditions (Check those that apply)**

<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Constipation	<input type="checkbox"/> Emotional disturbances
<input type="checkbox"/> Fainting	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Menstrual cramps
<input type="checkbox"/> Motion sickness	<input type="checkbox"/> Nose bleeds	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> Sleep walks	<input type="checkbox"/> Special dietary	<input type="checkbox"/> Wears contact lenses
<input type="checkbox"/> Wears glasses	<input type="checkbox"/> 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**