



Girl Health History Record

To be completed and signed by parents/legal guardians and submitted to Leader/adult-in-charge.

October _____ to September _____ Membership Year

All information, releases, and authorizations given in this document are for the membership year as noted above. Parent/legal guardian is responsible for notifying the leader in writing of any changes in this information. The troop leader will keep the form with her at all troop functions.

PART I Girl, Parent/Guardian(s) Information

Section A Service Unit / Troop Information

Service Unit _____ Troop/Group _____ School _____

Section B Girl Information

Name of Girl _____

Date of Birth _____ Age _____

Girl Scout's Address _____

City _____ State _____ Zip _____

Section C Parent/Guardian Information

Primary Parent/Guardian's Name _____

Primary Phone Number _____ Alternate Ph 1 _____ Alternate Ph 2 _____

Email address _____

Does Parent/Guardian live at same address? YES, if not, list below

Primary Parent/Guardian Address _____

City _____ State _____ Zip _____

If you are willing to provide transportation for your daughter's group in accordance with Girl Scout safety standards, please complete the information below. Note, you must also be a member of Girl Scouts.

Driver's License No _____ State _____ Class _____

Vehicle License No _____

Car Year _____ Car Make _____ Car Model _____

*Insurance Carrier _____ Policy Number _____ Expiration Date _____

*A copy of proof of insurance or insurance certificate accepted.

Add'l Parent/Guardian's Name _____

Primary Phone Number _____ Alternate Ph 1 _____ Alternate Ph 2 _____

Email address _____

Does Add'l Parent/Guardian live at same address? YES, if not, list below

Add'l Parent/Guardian Address _____

City _____ State _____ Zip _____

Add'l Parent/Guardian is authorized to pick up daughter YES NO

If you are willing to provide transportation for your daughter's group in accordance with Girl Scout safety standards, please complete the information below. Note, you must also be a member of Girl Scouts.

Driver's License No _____ State _____ Class _____

Vehicle License No _____

Car Year _____ Car Make _____ Car Model _____

*Insurance Carrier _____ Policy Number _____ Expiration Date _____

*A copy of proof of insurance or insurance certificate accepted.

Section D Additional Adult Authorized for Pick Up Information

1st Additional Contact _____ Relationship _____

Primary Phone Number _____ Alternate Ph 1 _____ Alternate Ph 2 _____

2nd Additional Contact _____ Relationship _____

Primary Phone Number _____ Alternate Ph 1 _____ Alternate Ph 2 _____

NOTE Only those authorized by this document will be allowed to pick up your daughter from a meeting, activity/trip unless your child presents a signed and dated note authorizing another individual for that date. Persons picking up a child may be required to show identification.

Name of Girl _____

Membership Year **PART II Emergency Contacts and Physician / Insurance Information****Section A Emergency Contact(s)***In the event of an emergency and the parent(s)/guardian(s) is/are not reachable, please contact the following:*

1st Emergency Contact _____ Relationship _____

Primary Phone Number _____ Alternate Ph _____

2nd Emergency Contact _____ Relationship _____

Primary Phone Number _____ Alternate Ph _____

Section B Physician / Insurance Information

Family Physician _____ Office Phone _____ Mobile/Pager _____

Preferred Hospital _____ Hospital Phone _____

Insurance Carrier _____ Insurance Phone _____ Policy/Group # _____

Military Dependent? _____

Sponsor's Name _____ Social Security Number (last four digits only) _____

Duty Station _____ Duty Phone _____

PART III Health History**Section A Chronic or Recurring Illnesses**

Please indicate all that apply and provide appropriate dates

 No Known Chronic or Recurring Illnesses

| Illness | Date | Illness | Date | Other Illnesses | Date |
|-----------------------------|------|---------------------------|------|-----------------|------|
| Angina | | Heart defect/disease | | | |
| Arthritis | | Hypertension | | | |
| Asthma | | Musculoskeletal disorders | | | |
| Bleeding/clotting disorders | | Seizures | | | |
| Ear infection | | Sinusitis | | | |

Section B Allergies

Please indicate all that apply and provide appropriate dates

 No Known Allergies

| Type | Specify and Explain | Other Allergies | Specify and Explain |
|------------------|---------------------|-----------------|---------------------|
| Animals | | | |
| Pollen | | | |
| Hay fever | | | |
| Insect Stings | | | |
| Food | | | |
| Medication/Drugs | | | |

Section C Diseases

Please check all that apply

 No Known Diseases

| | | | | | |
|-------------|--|-----------------|--|--------------|--|
| Chicken Pox | | Measles | | Kidney | |
| Mumps | | German Measles | | Tuberculosis | |
| Fever | | Rheumatic Fever | | | |

List Other Diseases/Health Conditions _____

Section D Health issues

Please check all that apply and provide specifics/explanations below

 No Known Health Issues

| | | | | | |
|------------------------|--|--------------------|--|----------------------------------|--|
| Bedwetting | | Hearing Impairment | | Sickle Cell Trait/Disease | |
| Constipation | | Menstrual Cramps | | Sleep Disturbances | |
| Emotional Disturbances | | Motion Sickness | | Special Dietary Regime (specify) | |
| Fainting | | Nosebleeds | | Wears Glasses / Contact Lenses | |

List Other Health Issues: _____

Please explain any items that are checked. Indicate any information useful to the Leader/adult in-charge in relation to any of these health conditions

Name of Girl _____

Membership Year _____

Section E Last Health Examination

Date of last health examination _____

Were any complicating problems noted in last health exam? _____

YES

NO

Indicate complicating problems _____

Section F Restrictions

Any restrictions concerning physical activities? _____

YES

NO

If yes, please explain _____

Is there a medical, physical, emotional, and/or spiritual reason why your daughter cannot participate in this program? _____

YES NO

If yes, please explain _____

PART IV Immunization History

No Immunizations

Please provide the following information, indicate year of immunization & applicable booster below:

| Immunization | Primary Series | Last Booster | Immunization | Primary Series | Last Booster |
|--------------|----------------|--------------|-------------------------------|----------------|--------------|
| DTP | | | Rubella | | |
| Diphtheria | | | Td | | |
| Measles | | | Tetanus | | |
| Mumps | | | Tuberculin Test (most recent) | | Result |
| Pertussis | | | Other | | |
| Oral polio | | | | | |

PART V Consent

AUTHORIZATION OF CONSENT TO EMERGENCY TREATMENT OF MINORS FOR REGULAR MEETINGS AND SPECIAL ACTIVITIES

My daughter has permission to attend the regular scheduled meetings and special activities of Troop # _____ of the Girl Scouts of Hawai'i. If an emergency occurs while she is attending or traveling to or from regular meetings or special trips/activities and I cannot be reached to give consent for her medical care, I hereby authorize or do not authorize the group leader/adult-in-charge or in their absence or disability, any adult accompanying or assisting the group leader/adult-in-charge, to seek treatment for my child and/or dependent minor by a licensed physician. I know of no reason(s), other than the information indicated on this form, why my child/dependent should not participate in prescribed trip/activities except as noted above.

Signature of Parent/Legal Guardian _____

Date _____

PART VI Photo Release for Minors

I hereby consent or do not consent that the videotapes, photographs, motion pictures, electronic images and/or audio recordings of my daughter/dependent may be used by Girl Scouts for Public Relations and Publicity purposes.

Signature of Parent/Legal Guardian _____

Date _____