



GIRL HEALTH HISTORY RECORD FOR COUNCIL PROGRAMS

To be completed, signed, and returned to Council office no later than 1 week prior to activity.
 Email to: customercare@gshawaii.org

or mail to: GSH, ATTN: Programs, 410 Atkinson Dr, S2E1 Box 3, Honolulu HI 96814

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.

Girl Contact Information

Girl Name			
Date of Birth (mm/dd/yyyy)		Age	
Address			
City / ST / ZIP			
Troop Number/Name		Service Unit # Name	
Name(s) of Activity/Event		Event Date	

Parent/Caregiver Contact Information

Primary Parent/Caregiver Name	Same address as girl		
Alternate Address			
Alternate City / ST / ZIP			
Email		Primary Phone	

Add'l Parent/Caregiver Name	Same address as girl		
2 Alternate Address			
2 Alternate City / ST / ZIP			
2 Email		2 Primary Phone	

Emergency Contacts/Physician/Insurance Info: In the event of an emergency please contact the following

Primary Contact Name		Relationship	
Main Phone		Alternate Phone	
Secondary Contact Name		Relationship	
Main Phone		Alternate Phone	

Yes No - My girl has medical insurance coverage.

Primary Physician Name		Main Office Number	
Pager Number		Alternate Phone	
Preferred Hospital		Hospital Office Number	
Medical Insurance Co		Policy #	
Insurance Co. Phone			

If you are a Military Dependent provide the following information: **If you are not a Military Dependent proceed to Health info**

Sponsor's Name		Sponsor's SSN last 4 #s	
Duty Station		Duty Phone	

Health Information

Allergies Check all that apply and provide the specific nature and treatment of the allergy

<input type="checkbox"/>	Food		<input type="checkbox"/>	Animals	
<input type="checkbox"/>	Insects/Stings		<input type="checkbox"/>	Hay fever	
<input type="checkbox"/>	Plants		<input type="checkbox"/>	Medications/Drugs	
<input type="checkbox"/>	Other		<input type="checkbox"/>	Pollen	

Girl Name	
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Medications Please list all daily and as needed medications that you will be bringing on the trip. Include amounts taken, number of daily doses and routine administration times.

Name of Medication	Dosage	Time(s) Administered	Comments

Yes No - Advil (Motrin, ibuprofen)

Yes No - Acetaminophen (Tylenol, Tepra, etc)

Yes No - Benadryl (allergy, anti-itch medication)

Other Health Considerations Check any restrictions that apply and describe (leave blank if none apply)

Physical activities /description:
Medical/Emotional/Spiritual /description:
I will provide this special equipment for my use:
I have the following limitations/restrictions:

Immunizations (Indicate "as child" if you do not have a record of dates/leave blank if none apply)

My girl has not received any immunizations					
Immunization	Primary Series	Last Booster	Immunization	Most Recent	Last Booster
COVID 19			Tuberculin Test		Result
All participants for Council events must submit this waiver			Tetanus		

Yes No- My girl may receive a COVID test if necessary

Yes No-My girl may receive a Tetanus shot if necessary

Exposure acknowledgment In the last 14-days has your girl or anyone in her/your household

Yes No - Recently tested positive for Covid-19? Or been in close contact with anyone that has tested positive?
Yes No. - Is anyone in your household or close contact awaiting Covid-19 Testing results?
Yes No - Have you or anyone in your household exhibit Covid-19 (flu-like) symptoms?
Yes No - Have you or anyone in your household traveled outside of the state of Hawaii?
Yes No -Have you been sent home from or missed school / work due to illness?

Authorization Consent for Emergency Care and Media released

Yes No. My daughter has permission to attend the activities (as noted in Part I). If an emergency occurs while she is attending or traveling to or from this event and I cannot be reached to give consent for her medical care, I hereby 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.

Acknowledgement for Emergency Treatment of Consenting Adult	Date

Yes No - I hereby grant to Girl Scouts of the USA ("GSUSA"), and others working for GSUSA or on its behalf, and each of its respective licensees, successors and assigns (each a "Releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my girl's name, picture, likeness and voice (including any video footage of the same), testimonials (written by her or attributed to her), interviews (written by her or attributed to her) (collectively, "Media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by GSUSA, for any purpose including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that we have no interest or ownership in any of the Media. We shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of her name, picture, likeness and voice. I agree that nothing in this Release will create any obligation on GSUSA to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releasees from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this Release and any use of the Media by GSUSA

Acknowledgement of Consenting Adult for Media Release	Date