



# Girl Health History Record for Troops

Parent/legal guardians complete and submit to Leader/adult-in-charge annually  
Due Oct 1 of each membership year

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**

**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 any additional health concerns \_\_\_\_\_

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
COVID-19			Oral polio		
DTP			Rubella		
Diphtheria			Td		
Measles			Tetanus		
Mumps			TB test / <small>Most recent</small>		
Pertussis			Other		

**PART V Consent**

Yes No

**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.*

Yes No My Girl Scout may receive a Tetanus shot, if necessary.

Yes No I have submitted a COVID-19 Waiver for this Membership Year for my Girl Scout.

Acknowledgment 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.*

Acknowledgment of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

All acknowledgments state acceptance and accuracy at the date of this document is submitted.