

This Health History Record/Consent for Emergency Medical Treatment should be completed each Girl Scout year by any adult participating in troop activities and returned to the Group Leader in an envelope with adult's name written on outside. The Group Leader will keep this form with the group/event's files and open in case of emergency.

Please print all information and sign at end.

Adult's Name _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Email _____

Emergency Contact Information:

Name _____ Relationship _____

Phone number(s) _____

Physician/Insurance Information

Name of family physician _____ Phone _____

Name of family dentist/orthodontist _____ Phone _____

Family medical/hospital insurance carrier _____

Policy or Group number _____

Part I: Illness and injuries (check all that apply)

- Ear infection Bleeding/clotting disorders Hypertension Asthma
- Heart defect/disease Musculoskeletal disorders Seizures Diabetes
- Hypoglycemia Other: _____

Date of last health examination: _____

What, if any, complicating medical problems were noted? _____

Part II. Allergies (check all that apply and specify the nature of the allergy)

- Animals Insect Stings: _____ Hay Fever/Pollen
- Plants Food: _____
- Medicine/Drugs: _____ Other: _____

Part III. Other Health Conditions (check all that apply)

- Constipation Fainting Hearing Impairment Menstrual Cramps
- Motion sickness Nosebleeds Sickle Cell trait/disease Special Diet regimen
- Sleep disturbances Glasses or contacts ADD & ADHD Other: _____

If you checked any of the above, please explain any details we should know: _____

continued

Part IV. Immunization History

Year of last booster

Tetanus _____
Other _____

Part V. Current Medications

This person takes **NO** medications on a routine basis
 Takes prescription/over-the-counter medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications or additional medication information.

Consent for Emergency Medical Treatment

I do hereby state that in case of my unconsciousness and unavailability of my emergency contact, I authorize the Girl Scout leader or adult in charge to consent to any necessary health care including: examination, medical diagnosis, anesthetic, surgery, or other treatment, and/or hospital care to be rendered to the me under the supervision of and/or advice of a licensed physician.

Adult's Signature _____ Date _____

Please use this area to further explain any items checked on the reverse side/above and provide any information that would be useful to the adult(s) in charge. Please also tell us about any activities that should be encouraged or restricted.

