

This health history record/consent for emergency medical treatment form should be completed by a Girl Scout parent or guardian and returned to the troop leader. The troop leader will keep this form with the troop's permanent files. For each additional Girl Scout year please have parents review and make the necessary updates, initial and date the last page of the form. Please complete a new form if there are numerous or important changes.

Girl Scout's Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ School _____ Troop # _____

Date of Birth _____ Grade _____

Parent/Guardian #1 _____ Daytime Phone _____

Parent/Guardian #2 _____ Daytime Phone _____

If a parent/guardian cannot be reached, person (adult) to notify in an emergency

Name _____ Relationship _____

Phone number(s) _____

Physician/Insurance Information

Family Physician _____ Phone _____

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)

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

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

- Bedwetting
- 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: _____

Part IV. Immunization History

	Years primary series completed	Year of last booster
DTP/DTaP	_____	_____
TD (tetanus/diphtheria)	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella/German measles	_____	_____
Oral Polio	_____	_____
Hib	_____	_____
Tuberculin Test, most recent result:	_____	
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/we do hereby state that I/we are the parent/legal guardian of the above-named minor. In case of my/our unavailability, I/we 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 above mentioned minor under the supervision of and/or advice of a licensed physician.

Parent/Guardian Signature _____ Date _____

Parent/Guardian 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.

Parent/Guardian initials that information on this form is still current _____ Date _____

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Parent/Guardian initials that information on this form is still current _____ Date _____

Parent/Guardian initials that information on this form is still current _____ Date _____