

Adult Health History

This health history record/consent for emergency medical treatment form should be completed by any adult participating in troop activities and returned to the troop leader in an envelope with adult's name written on outside. The troop leader will keep this form with the troop's permanent files. For each additional Girl Scout year please 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

Adult's Name _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Evening Phone _____

Email _____

Emergency Contact Information:

Name _____ Relationship _____

Phone number(s) _____

Physician/Insurance Information

Name of family physician _____ Phone _____

Name of family dentist _____ 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: _____

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 _____ Reason for taking _____

Med #2 _____ Dosage _____

Specific times taken _____ Reason for taking _____

Med #3 _____ Dosage _____

Specific times taken _____ 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 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 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.

Adult initials that information on this form is still current _____ Date _____
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