girl scouts
of the desert southwest–
southern new mexico
& west texas

Girl Scouts of the Desert Southwest
Health History Record

(Health history is to be completed and signed by parent/guardian)

Leader Record
Troop # ____________
Service Unit ____________

Girl's Name ______________________________ (Last) (First) Date of Birth ____________

Parent/Guardian ____________ Home Phone ____________ Work Phone ____________

Cell Phone ____________ e-mail ____________

Name of family physician ____________ Phone ____________

Family medical/hospital insurance carrier ____________ Policy or Group # ____________

Emergency Contact

Name ____________ Relationship ____________

Home Phone ____________ Cell Phone ____________ Work Phone ____________

Illnesses and injuries (Check those that apply)

Ear Infection	Bleeding/Clotting Disorders	Hypertension	Hypotension
Hypoglycemia	Heart Defect/Disease	Seizures	Musculoskeletal Disorders
Asthma	Diabetes	Other (specify)	

Date of last health examination: ____________

Were any complicating medical problems noted in last health examination? ____________

Allergies (Check those that apply and specify nature of allergic reaction)

Animals	Hay fever	Medicines/drugs	Plants
Pollen	Food	Insect stings	Other (specify)

Other health conditions (Check those that apply)

Bed wetting	Constipation	Menstrual cramps	Motion sickness	Fainting
Nosebleeds	Sleep disturbances	Emotional disturbances	Wears glasses or contact lenses	
Hearing impairment	Sickle cell trait or disease	Special dietary regimen	Other (specify)	

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

____

____

Current medications (need to be in original container with dosage) ____________

Dietary restrictions ____________

Immunization History	Year Primary Series Completed	Year of Last Booster
D.T.P. Diptheria; Pertussis (whooping cough); Tetanus		
Td		
Measles		
Mumps		
Rubella (German measles)		
Oral Polio		
Hib		
Tuberculin test (most recent) Result		
Other		

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted.

____________ Parent/Guardian signature

____________ Date

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