

Girl Scouts of the Desert Southwest



GIRL/ADULT HEALTH HISTORY RECORD
Leader Record

(Health history is to be completed and signed by parent/guardian/or self if over 18 years of age.)

Troop #
Service Unit
Region

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 No.

Part I: Illnesses and injuries (Check those that apply.)

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

Date of last health examination:

Were any complicating medical problems noted in last health examination?

Part II: Allergies (Check those that apply and specify nature of allergic reaction.)

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

Part III: 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)

Part IV: Immunization History

Table with 3 columns: Immunization, Year Primary Series Completed, Year of Last Booster. Rows include D.T.P., Measles, Mumps, Rubella, Oral Polio, Hib, Tuberculin test, and Other.

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:

Emergency Contact:

Name Relationship

Home Phone Work Phone Cell Phone

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.

Signature of parent/guardian/self (if over 18years of age)

Date