

Girl Scouts of Eastern Missouri, Inc.

HEALTH HISTORY

The health history is to be completed and signed by a parent/guardian.

PART I: Illness and Injuries (check those that apply)

Chronic or recurring illness: _____ Date of your daughter's last examination _____

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Musculoskeletal Disorders | <input type="checkbox"/> Heart Disease/Defect |
| <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Other (specify) _____ |

Yes No

- Were any complicating medical problems noted in your daughter's last examination?
- Is your daughter currently under a physician's care for a medical problem?

Since your daughter's last health exam, has she had:

- a serious injury requiring medical attention?
- an illness lasting more than five days?
- a surgical operation or fracture?
- medication prescribed by a physician to be taken on a regular basis?
- treatment in a hospital as an in-patient or in the emergency room?
- any restrictions concerning physical activities?

Please explain any "yes" answers to the above questions. Include dates: _____

If your daughter has not had a health examination in the previous two years/24 months, or if you have indicated a "yes" reply to any of the above questions, a written statement from her physician granting permission to participate in strenuous activity such as water sports, horseback riding, skiing, hiking; non-contact sports such as track, tennis, or gymnastics is required.

PART II: Allergies (Check those that apply. Specify causal agent and nature of reactions - e.g. penicillin causes hives.)

- | | |
|--|---|
| <input type="checkbox"/> Animals _____ | <input type="checkbox"/> Medicine/drugs _____ |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Plants _____ |
| <input type="checkbox"/> Hayfever _____ | <input type="checkbox"/> Pollen _____ |
| <input type="checkbox"/> Insect stings _____ | <input type="checkbox"/> Other _____ |
- What actions should be taken? _____
- _____

PART III: Other health conditions (check those that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> bedwetting | <input type="checkbox"/> hearing impairment | <input type="checkbox"/> orthodontic appliances |
| <input type="checkbox"/> constipation | <input type="checkbox"/> menstrual complications | <input type="checkbox"/> sickle cell trait or disease |
| <input type="checkbox"/> emotional disturbances | <input type="checkbox"/> motion sickness | <input type="checkbox"/> wears contact lenses/glasses |
| <input type="checkbox"/> fainting | <input type="checkbox"/> nosebleeds | <input type="checkbox"/> eating disorders |
| <input type="checkbox"/> sleep disturbances | <input type="checkbox"/> sinusitis | <input type="checkbox"/> frequent headaches |
| <input type="checkbox"/> special dietary regiment | <input type="checkbox"/> other (specify) _____ | |

Please explain. Indicate any information useful to the adult in charge in relation to any of the above health conditions. Indicate any activity to be encouraged or restricted. _____

Part IV: Immunization History

Year Primary
Series Completed

Year of
Last Booster

D.T.P.	_____	_____
<i>Diphtheria</i>	_____	_____
<i>Pertussis</i> (whooping cough)	_____	_____
<i>Tetanus</i> (within 10 years)	_____	_____
Td (tetanus/diphtheria)	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella (German Measles)	_____	_____
Oral Polio	_____	_____
Hib (Haemophilus Influenza B)	_____	_____
Hepatitis B	_____	_____
Tuberculin Test (most recent)	_____	Result _____
Other	_____	_____

Girl Scouts of Eastern Missouri, Inc.
GIRL HEALTH HISTORY
 (For troop/group use)

Name of Participant (Last, First, Initial)			
Home Phone		Birthdate	
Address		City	State
		Zip	
Name of family physician _____			
Phone _____		Exchange Phone # _____	

IN CASE OF MEDICAL EMERGENCY, I understand that when medically feasible, an effort will be made to contact a parent or guardian, but in the event one is not reached or if it is not medically feasible to contact one, I hereby give permission for my daughter to be treated.

I understand medical/health information provided on this form will be used by Girl Scout personnel involved with the planning and implementation of Girl Scout activities and emergency medical service/personnel to insure the health and safety of all participants. Girl Scout personnel will make every effort to protect personal health information and will only disclose such information to health care professionals providing treatment.

This health history is complete and accurate. I understand that restrictions may be placed on my daughter's participation in planned activities because of the conditions previously described. I agree to abide by these restrictions and have her refrain from activities which may compromise her well-being. She is able to engage in all activities except as noted.

Signature of Parent/Guardian

Date

In the event consent is needed for medical care on a non-emergency basis or for other matters and I cannot be reached, the following person is authorized to act on my behalf.

Name _____

Phone # () _____ (Home)

Address _____

_____ (Work)

City, State, Zip _____

_____ (Pager/ Cell)

Relationship to child _____

Photo Release: I hereby consent that photographs, digital images, film, videotape, audio and/or other recordings of my daughter, _____, while registered as a Girl Scout may be used by the
(Name of Daughter)

Girl Scouts of Eastern Missouri, Inc. (GSEM), Girl Scouts of the USA (GSUSA) and their assignees or successors, in telling the Girl Scout story. This may include use in GSEM or GSUSA publications, events, print and electronic media. Furthermore, I consent that such photographs, digital images, film, and/or audio recordings shall be the property of GSEM, which has the right to duplicate, reproduce and make other uses in the best interest of Girl Scouting and GSEM free and clear of any claim whatsoever on my part.

Signature of Parent/Guardian

Date

