



# Girl and Adult Health History Card (and Medical & Photo/Voice Release)

**Instructions**

1. This card, signed by the parent or guardian, is needed prior to a girl participating in Girl Scout activities lasting two nights or less. This includes troop meetings, day trips, weekend camping trips, and one or two night troop trips. Adults are encouraged to provide their own Health History Card in case of an emergency.
2. Parents may wish to make a copy in case daughter participates in Girl Scout program events without her troop.

Name \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name of Parent or Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Other \_\_\_\_\_  
 Family Physician Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Family Medical/Hospital Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Preferred Hospital Name (include city) \_\_\_\_\_ Telephone \_\_\_\_\_  
 Date of Last Medical Exam \_\_\_\_\_ Are Immunizations Up To Date \_\_\_\_\_ Date of Last Tetanus Immunization \_\_\_\_\_  
 Current Medications (Identify medication and explain condition being treated) \_\_\_\_\_

Please check all that apply:

<p><b>Since her last health exam has your daughter had:</b></p> <input type="checkbox"/> Serious injury requiring medical attention? <input type="checkbox"/> Treatment in a hospital or emergency room? <input type="checkbox"/> Exposure to a contagious disease? <input type="checkbox"/> Illness lasting more than 5 days? <input type="checkbox"/> Surgical operation or fracture? <input type="checkbox"/> Physical activity restriction?	<p><b>Allergies:</b></p> <input type="checkbox"/> Animals <input type="checkbox"/> Bee Stings <input type="checkbox"/> Food <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Stings <input type="checkbox"/> Medicines/Drugs <hr/> <input type="checkbox"/> Plants <input type="checkbox"/> Pollen <input type="checkbox"/> Other (Specify) _____	<p><b>Chronic or Recurring Illness:</b></p> <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infection <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Seizures <input type="checkbox"/> Other (Specify) _____	<p><b>Other Health Conditions:</b></p> <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Constipation <input type="checkbox"/> Emotional Disturbances <input type="checkbox"/> Fainting <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Motion Sickness <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Special Dietary Regimen <input type="checkbox"/> Wears Glasses or Contact Lens <input type="checkbox"/> Other (Specify) _____
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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. \_\_\_\_\_

Emergency Contact Name (other than parent) \_\_\_\_\_  
 Relationship to Girl \_\_\_\_\_ Telephone \_\_\_\_\_

This health history is complete and accurate. I know of no reason(s), other than the information on this form, why my daughter should not participate in prescribed activities except as noted. I understand that medication needing to be administered to my daughter during a Girl Scout activity must be given to the adult in charge along with written instructions and permission to administer the scheduled dosage(s).

**Medical Release:** In the event \_\_\_\_\_ becomes ill or sustains an injury while in the care of or under the supervision of **Girl Scouts Heart of the South** or any of its officers or leaders and it becomes necessary to seek professional medical treatment, I give my permission to the certified first aider to provide **First Aid and/or CPR** and to take the appropriate measures including contacting the **emergency medical services system** and arranging transportation to \_\_\_\_\_ or the nearest emergency medical facility to receive treatment by a licensed physician. I understand that every effort will be made to contact me or the person designated by me as my emergency contact.  Yes  No Initial \_\_\_\_\_

**Photo/Voice Release:** The council has my permission to make and use photographs, videos, and/or audio-tapes of my daughter, or any words written or spoken by her for the promotion of Girl Scouting.  Yes  No Initial \_\_\_\_\_

**Signature of parent or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Girl Scout Leader/Advisor—Keep cards with first-aid kit.**