girl scouts of greater atlanta

GIRL SCOUTS OF GREATER ATLANTA, INC.

Minor & Adult Health History Record

USE:	• This health history is to be completed and signed by parents/guardians of minor members or by adult volunteers themselves. • The information should be reviewed by parent/guardian or adult member before every trip to ensure that the information has not changed. • The troop leader and/or troop adult trained in first aid should ensure that the information on this form remains as confidential as possible. Out of date forms should be securely shredded.

Full Name:	Date of Birth: Age:
Parent/Guardian Full Name:	Troop Number:
Email address of adult:	Home Phone:
Home Address:	Cell Phone:
	Business Phone:

In Emergency Notify: _____ at _____
(Name & Relationship) (Phone number with area code)

If they are not available, notify: _____ at _____
(Name & Relationship) (Phone number with area code)

Family Physician: _____ at _____
(Name) (Phone number with area code)

Section I: Current Medications

Is the participant currently taking any medication? Please list below. You may also use this space to indicate any over the counter medications that your daughter is allowed to take if necessary – note that troop leaders are not authorized to administer over the counter medications unless they are provided by the participant. Please indicate the usual dosage that you would administer. Only the adult certified in First Aid or other adult in charge of activity will be allowed to administer the medication based on your instructions. Any medications, along with written instructions for dosage, that your daughter must take while participating in a Girl Scout Activity must be given to the adult certified in First Aid or other adult in charge of activity prior to departure. The only exceptions to this shall be PRN inhalers or epi-kits that your daughter has been trained to self-administer (adult certified in First Aid and other adults in charge of activity must be made aware if your daughter is carrying such item).

Name of Medicine/indication	Date prescribed	Dosage	

Date of last health exam: Were any complicating medical problems or any conditions requiring monitoring or follow up noted in the last health exam? Explain on a separate piece of paper.

Since the last health exam, has participant had:	YES	NO
Any injury or medical requiring medical attention?		
An illness lasting more than five days?		
Any exposure to a contagious disease?		
Treatment in a hospital, outpatient clinic, or emergency room?		
Any restrictions on physical activities?		

Please explain any yes answers:

Section II: Illnesses and injuries (check those that apply and explain below)

Chronic or Recurring Illness

_____ Ear Infection _____ Bleeding/Clotting Disorders _____ Hypertension _____ Asthma

_____ Heart Defect/Disease _____ Seizures _____ Diabetes

_____ Other (explain) _____

_____

Are immunizations up to date? YES NO Date of last tetanus shot: _____

If your child is not immunized for religious or medical reasons please provide a written statement of explanation.

Is participant currently under the care of a health care professional? _____

Section III: Allergies (check those that apply and specify nature of allergic reaction)

_____Animals _____

_____Plants _____

_____Bugs/insects _____

_____Medicines/drugs _____

_____Other – describe _____

Section IV: Other health conditions (check all that apply and explain in open space below)

___Bed wetting ___Emotional disturbances ___Constipation ___Fainting

___Menstrual cramps ___Motion sickness ___Hearing impairment ___Nosebleeds

___Sleep disturbances ___Dietary restrictions ___Glasses/contact lenses ___Anemia

__Other (Specify

FOR MINOR PARTICIPANTS

This health history is complete and accurate. 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. If this information changes during the Girl Scout year I will notify the leader in writing. I understand that this information will remain confidential to the troop/group/program leaders, designated person trained in first aid, or emergency personnel as needed. I hereby give permission to the adult in charge to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the adult in charge to arrange necessary related transportation for my child.

_____ _____

(Signature of parent or legal guardian) (Date this form was signed)

FOR ADULT PARTICIPANTS

This health history is complete and accurate. I am able to participate in prescribed activities except as noted. If this information changes during the Girl Scout year I will notify the leader in writing. I understand that this information will remain confidential to the troop/group/program leaders, designated person trained in first aid, or emergency personnel as needed.

_____ _____

(Signature of adult participant) (Date this form was signed)