girl scouts western oklahoma

Girl/Adult Health History Form

Please print clearly in ink.

☐GIRL MEMBER ☐ADULT MEMBER

CONTACT INFORMATION

Troop #: or IRG ☐	Service Unit:	
First Name:	Middle Name:	Last Name:
Mailing Address: Apt. #:		PO Box:
City:	State: Zip Code:	Phone:
Cell:	E-mail:	
Parent/Guardian(s) Name and Address *(If different from girl's): (Complete for girl form only)*		Phone: Cell:
Parent/Guardian(s) Name and Address *(If different from girl's): (Complete for girl form only)*		Phone: Cell:
Custodial Care Information: ☐Both Parents ☐One Parent (specify): _____ ☐Other: _____		

HEALTH INFORMATION

Name of Family Physician:		Phone:
Family Medical/Hospital Insurance Carrier:		Policy or Group No:
Family Dental Insurance Carrier:		Policy or Group No:
Health Information: Age: Date of Birth: ☐ Immunizations are up to date Date of last Tetanus shot:		
Date of last health examination: Were there any medical problems at the time?		
Does participant have any physical, mental or psychological conditions requiring medication, treatment, or other special restrictions or considerations? ☐Yes ☐No If yes, please state medication and reason:		
Does participant take any prescribed medications or over-the-counter drugs on a regular basis? ☐Yes ☐No If yes, please state medication and reason:		
Is participant restricted or limited from participating in any physical activity? ☐Yes ☐No If yes, please explain:		
Please provide a record of past medical treatment, if any, including injures or surgeries:		
Participant has the following health conditions/allergies/dietary restrictions (food and medications): ☐ADHD ☐Asthma ☐Diabetes ☐Headaches ☐Seizures ☐Other: _____ ☐Allergies (specify):		
Emergency Contact (non-parent):		
Relationship:	Phone:	Cell:

AUTHORIZATION

PARENT/GUARDIAN AUTHORIZATION

This health form is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter/girl should not participate in the prescribed activities except as noted. In the event that my daughter/girl needs medical attention while participating in Girl Scout activities, I authorize the adult in charge to see that my daughter/girl receives routine healthcare, medications, reasonable first aid, and to transport my child to a health care facility for emergency services as needed.

Signature of parent/guardian: Date:

ADULT MEMBER AUTHORIZATION

This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.

Signature of adult member: Date:

Parent - Please retain a copy for day camp, resident, and other overnight camp programs. Submit an updated copy each year or as information changes.
Troop Leader – Please retain and ensure it accompanies you at all meetings and other activities.

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MEDICATION FORM

Please print clearly in ink.

Girl's Name: _____ Date of Birth: _____

Event/Activity Name and Dates: _____

OVER THE COUNTER MEDICATIONS

Check all items that we may give your girl, if she should need medication while away from home. All medications are given based on your individual child's weight or age as listed in the instructions.

- ☐ Acetaminophen (such as Tylenol or other non-aspirin pain reliever)
- ☐ Ibuprofen (Motrin, Advil)
- ☐ Throat Lozenges
- ☐ Antihistamine (such as Benadryl)
- ☐ Calamine, Caladryl or other anti-itch lotion
- ☐ Antibiotic Ointment (such as polysporin or Neosporin)
- ☐ Hydrocortisone Cream
- ☐ Antacid (Tums)
- ☐ Antifungal Ointment or Spray (for athlete's foot)
- ☐ Sunscreen (SPF 30 max)
- ☐ Bug Spray (non-aerosol, 30% Deet max)

Comments: _____

Does the girl take any prescribed medications or over-the-counter drugs on a regular basis? YES ☐ NO ☐

Fill in the table for any prescription or over-the-counter medications the girl will be bringing to the event/activity.
All prescriptions must be in their original container*

Medication and Dose	Reason for Medication	Times and days to be given - as needed or specified times*	Prescription or over-the-counter?

** Please note, we can only administer prescription medication according to directions on the label, unless we have a signed doctor's note.*

Parent/Guardian Signature: _____ Date: _____