



# Minor Health History Record

Girl Scouts are required to have a current Health History Record on file for all troop meetings and trips. One copy should travel with the troop/group, the other should remain with the at-home emergency contact.

Girl Scout's Name:	Birth Date:	SU#	Troop #
Girl Scout's Address:	City:	State:	Zip:
Girl Scout's Phone #:	Girl Scout's School:		
Parent/Guardian 1 Name:	Parent/Guardian 1 Phone #:		
Parent/Guardian 2 Name:	Parent/Guardian 2 Phone #:		
Troop Leader Name:	Troop Leader Phone #:		

## EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

Name:	Phone #:	Relation to Girl Scout:
Name:	Phone #:	Relation to Girl Scout:

Name of Physician:	Physician Phone #:
Name of Dentist:	Dentist Phone #:
Family Insurance Carrier:	Policy/Group #:
Name of Primary Insured:	

## PART I: ILLNESS OR INJURIES

Asthma	Bleeding/Clotting Disorder	Bones/Joints Conditions	Convulsions	Diabetes	Ear Infection
Epilepsy	Hypertension	Kidney Disease	Lung Disease	Other:	

Date of Last Health Exam:	Were any complicated medical problems noted?	Yes	No
If yes, please explain:			

## PART II: ALLERGIES (check all that apply and list treatment)

Animals/Insects	Food
Plants	Seasonal Allergies
Medicine/Drugs	Other

## PART III: OTHER HEALTH CONDITIONS (check all that apply)

ADD	Sleep Disturbances	Hearing Impairment	Vision Impairment	Bed Wetting	Emotional Disturbances
ADHD	Dental Braces	Hearing Aid	Glasses/Contacts	Sickle Cell	Nosebleeds
Autism	Motion Sickness	Fainting	Obesity	Special Diet	Down's Syndrome
Other:					

**PART IV: IMMUNIZATION HISTORY**

IMMUNIZATION	DATE PRIMARY SERIES COMPLETED	DATE OF LAST BOOSTER
COVID		
Tdap (Tetanus/Diphtheria/Pertussis)		
Td (Tetanus/Diphtheria)		
MMR (Measles/Mumps/Rubella)		
Chicken Pox		
Oral Polio		
HbPV (Haemophilus b Polysaccharide)		
Tuberculin	Date of Last Test:	Result:
Other:		

I choose not to disclose any immunization history and therefore take full responsibility if any illness occurs as a result of attending a Girl Scout event and not providing immunization history. I also understand that my Girl Scout cannot attend events that require immunization records, unless presented at that time. By checking this box and signing below, I demonstrate that I understand my risk and responsibility.

**ACTIVITY RESTRICTIONS:**

**EMERGENCY MEDICAL CARE** Medical Release and Waiver

I hereby give permission to the medical personnel selected by GSHNJ to provide routine health care; to administer medication; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my Girl Scout.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization, and to order injections and/or anesthesia and/or surgery for the Girl Scout named above.

**INSURANCE INFORMATION** Insurance Release and Waiver

- I hereby give permission for GSHNJ to release to the hospital/doctor/pharmacy/etc. the necessary insurance information knowing every effort will be made to contact me prior to admission.
- This health history is correct as far as I know.
- This completed form may be printed/photocopied.
- The person herein described has my permission to engage in all prescribed activities except as noted on this health history form.

I know of no reasons, other than those indicated on this form, why this Girl Scout should not participate in general Girl Scout activities.

In witness whereof, this release and waiver has been carefully read and the contents of this document are understood by the undersigned. This release and waiver shall be effective for all activities throughout the membership year of the completion date (October 1-September 30). The undersigned freely executes this release and waiver on the date shown below.

Parent/Guardian Name:

Parent/Guardian Signature:

Date: