



# GIRL HEALTH HISTORY

Date \_\_\_\_\_

**Instructions: Complete form and secure parent/guardian signature and submit to troop/group leader or event director.**

Girl's Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

## INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance?  Yes  No  
If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

## HEALTH HISTORY

List any physical or behavioral conditions that may be useful to the adult in charge or which may limit full participation in Girl Scout activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (medication, food or other) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RESTRICTIONS – The following restrictions apply to this individual

- Does not eat red meat
- Does not eat pork
- Does not eat eggs
- Does not eat dairy products
- Does not eat shellfish
- Does not eat poultry
- Other \_\_\_\_\_

## MEDICATIONS—Leaders are not required to dispense medication

**Prescription and over-the-counter** medicines must be sent in their original container with the physician prescribed orders including instructions and given to the troop leader/first aider.

### Permission to use and carry self-administered emergency medication:

I confirm that my child has the knowledge and skills to safely have readily available (carry or possess outside of the regular supervision of the troop leader/first aider) and self-administer the indicated emergency medication as medically necessary at Girl Scout activities. They need to notify the troop leader/first aider if they have to use their medication. Please circle all that apply.

Asthma Inhaler

Epinephrine Pen

Other: (please list)

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

### Permission to provide necessary treatment, emergency care and over-the-counter meds checked below.

I hereby give permission for my daughter to receive medication checked below and emergency medical care if necessary.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Advil/Ibuprofen

Aloe Vera gel

Benadryl

Calamine lotion

Tums/Maalox

Tylenol



Custodial parent/guardian name \_\_\_\_\_

Phone-Day (     ) \_\_\_\_\_ Evening (     ) \_\_\_\_\_

Second parent/guardian name \_\_\_\_\_

Phone-Day (     ) \_\_\_\_\_ Evening (     ) \_\_\_\_\_

***In case of an emergency when parent/guardian is not available, please notify:***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone-Day (     ) \_\_\_\_\_ Evening (     ) \_\_\_\_\_

**GIRL CODE OF CONDUCT**

I WILL cooperate with the adult in charge, respect the people and places with which I come in contact, abide by the Girl Scout Promise and Law, participate in all required activities, be responsible for my personal belongings and equipment, and observe all safety regulations. I understand that if I am involved in any unacceptable behavior, I may be sent home. I understand that if I am sent home, it will be my parents/guardians responsibility to pick me up any time of the day or night and that any additional expense incurred will be their responsibility.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date