

Health History – Girl



Girl Scouts of NE Kansas & NW Missouri
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www.girlscoutsksmo.org

This health history is to be completed and signed by parent/guardian and updated annually. Return with girl membership form. Use back of form if necessary.

Girl's Name _____
Last First Middle I.

Date of last health examination _____

Allergies

List all known allergies to medication, food, plants, animals, etc. Describe reaction and management to reaction.

Childhood Illnesses – Check all that apply

_____ Measles _____ German Measles _____ Hepatitis A
_____ Chicken Pox _____ Mumps _____ Hepatitis B
_____ Hepatitis C

Immunizations

	Date series completed	Booster		Date series completed	Booster
DTP	_____	_____	MMR	_____	_____
TD	_____	_____	Mumps	_____	_____
Tetanus	_____	_____	Measles	_____	_____
Polio	_____	_____	H. Influenza B	_____	_____
Rubella	_____	_____	Hepatitis B	_____	_____
Varicella/Chicken Pox	_____	_____			

Other Health Conditions

- | | |
|---|--|
| <input type="checkbox"/> Recent injury, illness _____ | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Glasses, contacts, or protective eyewear | <input type="checkbox"/> Emotional difficulties |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Bleeding/clotting |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Musculoskeletal disorders |
| <input type="checkbox"/> Asthma | |

Please provide any additional information that will assist in providing care for your daughter.

Is your daughter covered by family health insurance? Yes No

If so, indicate carrier or plan name _____ Group number _____

Girl Scout Insurance will cover usual and reasonable charges for accident treatment, but does not eliminate the need for individual insurance.

Name of Physician _____ Phone (____) _____

Address _____

Name of Dentist _____ Phone (____) _____

Address _____

My daughter is in good physical condition and has not had any serious illness or operation since her last health examination. If my daughter should have a serious illness, operation or be exposed to a contagious disease, I will notify the troop leader.

In an emergency I understand that every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the troop leader to hospitalize and/or secure proper treatment for my daughter.

I give my permission for my daughter to participate in troop meeting activities.

Parent/Guardian _____ Date _____
Signature

Return to Leader