

## Health History Form

1. **Child's Name** \_\_\_\_\_ Age \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Permanent Address \_\_\_\_\_

Child is under the custodial care of (check one):  Both parents  Mother only  Father only  Other

Parent/Guardian Name \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

2. **Emergency Information**

Other than the phones listed above, where can you be reached during the troop trip?

\_\_\_\_\_

Parent/Guardians: If you cannot be reached in case of an emergency, please list the name of a friend or relative who will be able to help us locate you or who can come and pick up your child:

Name \_\_\_\_\_

Relationship to Girl Scout \_\_\_\_\_

Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

3. **Medical Information (Mandatory)**

Health Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

OR  No Insurance

Does your child have any allergies and/or dietary restrictions (check one)  Yes  No

If YES, explain: \_\_\_\_\_

Are immunizations up-to-date?  Yes  No Date of last tetanus shot \_\_\_\_\_

Does your child need to take medication during this Girl Scout Activity?  Yes  No

If YES, please complete a separate **Permission to Dispense Medication Form** and turn it into the leader.

**Permission to Dispense Medication Form** attached?:  Yes  No

My child carries and may administer an epi-pen, diabetes medication or inhaler (circle all that apply):

Yes  No

I give my permission to give acetaminophen (Tylenol) as deemed necessary:  Yes  No

I give my permission to give Tums for stomach distress as deemed necessary:  Yes  No

**Authorization for Treatment: In the event I cannot be reached in an emergency situation, I hereby give permission to the physician selected by the Troop Leader, \_\_\_\_\_, to secure and administer treatment, including hospitalization, for the person named above.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_