girl scouts of southeastern new england

Health History Form – Youth

1. **Child's Full Name**_____

   Age_____ Birth date_____ Grade _____

   Permanent Address_____

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

   Legal Guardian's Name_____

   Legal Guardian's Main phone _____ Alternate Phone_____

2. **Emergency Information**
   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_____

3. **Medical Information (Mandatory)**
   Health Insurance Company Name_____

   Does your child have any allergies and/or dietary restrictions (check one) ❒ Yes ❒ No
   If YES, explain:_____

   Are immunizations up-to-date? ❒ Yes ❒ No

   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.

   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

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GUARDIAN PERMISSION FOR EMERGENCY 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 child named above.

Legal Guardian Name (print)_____

Legal Guardian Signature_____Date_____

TO BE COMPLETED BY THE TROOP LEADER / SUM

Form Was Received by Troop Leader / SUM (name)_____

Leader/SUM signature_____ Date_____