

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 _____