

GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770



GIRL HEALTH RECORD - HEALTH HISTORY

Part 1

Part 1: Health History (For most events, complete this side only.)

➡ To be completed by parent.

➡ This form should provide current information for an upcoming event, including troop trips, troop meetings, events, and summer camp.

Give completed form to Troop Leader or Event Facilitator/Coordinator. For summer camp, complete and bring form with you to summer camp.

Participant Information			
Name (Last, First, Initial)	Parent/Guardian	Birth date	Age
Address	City	ST	Zip
Home Phone ()	Work Phone ()	Cell Phone ()	
In Emergency Notify	Address	Relationship to Girl	
Home Phone ()	Work Phone ()	Cell Phone ()	
Insurance Information (Optional)			
Carrier	ID Number	Group Number	
Member Services Phone Number	Address		
A. Health History (Check all that apply.)			
Diseases	Allergies	Chronic or Recurring Illness	
<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Kidney	<input type="checkbox"/> Animals <input type="checkbox"/> Food <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Stings <input type="checkbox"/> Medicine <input type="checkbox"/> Drugs <input type="checkbox"/> Plants <input type="checkbox"/> Pollen <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Arthritis <input type="checkbox"/> Sinusitis <input type="checkbox"/> Frequent Headaches <input type="checkbox"/> Other _____	
My daughter has permission to take or use the following, if available or if provided by me in their original container. (Note: During summer camp, these over-the-counter medications may only be administered in an emergency when an R.N. is the camp's Director of First Aid and according to the Camp Physician's Standing Orders.)			
<input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Antibiotic Ointment/Bacitracin/Bactoban <input type="checkbox"/> Antacids <input type="checkbox"/> Calamine/Caladryl <input type="checkbox"/> Wound Wash	<input type="checkbox"/> Benadryl/antihistamine <input type="checkbox"/> Antidiarrhea/Pepto Bismol <input type="checkbox"/> Tums/antacid <input type="checkbox"/> Robitussin/expectorant <input type="checkbox"/> Swimmer's Ear/alcohol-vinegar solution	<input type="checkbox"/> Hydrocortisone Cream <input type="checkbox"/> Hydrogen Peroxide <input type="checkbox"/> Epinephrine <input type="checkbox"/> Epi-Pen Jr. (up to 9 years of age) <input type="checkbox"/> Epi-Pen (over 9 years of age)	
Restrictions (The following restrictions apply to this individual.)			
Does not eat: <input type="checkbox"/> Red meat <input type="checkbox"/> Pork <input type="checkbox"/> Dairy products <input type="checkbox"/> Poultry <input type="checkbox"/> Seafood <input type="checkbox"/> Eggs <input type="checkbox"/> Peanuts <input type="checkbox"/> Other (describe)			
Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary). Attach explanation, if needed.			
General Questions (Explain "yes" answers below.)			
Has/does the participant:	Yes	No	Yes No
1. Had any recent injury, illness, or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	7. Have frequent nosebleeds? <input type="checkbox"/> <input type="checkbox"/>
2. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	8. Have a history of bedwetting? <input type="checkbox"/> <input type="checkbox"/>
3. Wear glasses, contacts, or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	9. Have any skin problems (e.g., itching, rash)? <input type="checkbox"/> <input type="checkbox"/>
4. Ever passed out during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	10. Have problems with diarrhea/constipation? <input type="checkbox"/> <input type="checkbox"/>
5. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have severe menstrual cramps? <input type="checkbox"/> <input type="checkbox"/>
6. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>	12. Have an orthodontic appliance being brought to activity? <input type="checkbox"/> <input type="checkbox"/>
Please explain any "yes" answers, noting the number of the questions. Attach explanation, if needed.			
Health Information Privacy Statement			
The Girl Health Record is for health care concerns. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event or the Troop Leader. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. The health form will be retained by the sponsoring council or GSUSA until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. Access to the information will be limited, but copies may be requested from the event sponsor, by the participant or her legal representative. I have read the above procedures for handling the health form information, and I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.			

This health history is complete and accurate. My daughter has permission to engage in all prescribed activities, except as noted by me and the examining physician. I hereby authorize troop adults to give necessary First Aid/CPR to my Girl Scout and authorize the person in charge to obtain and consent, on my behalf, to whatever medical diagnosis treatment is deemed necessary or advisable for the well-being of my Girl Scout. I also authorize Troop adults to transport my Girl Scout in case of emergency.

Signature of Parent/Guardian _____

Date _____