

GSPW Health History

Parent/Guardian, please fill this out completely, providing us with any important details. Type or print neatly. When form is used for an adult Girl Scout, please sign for self on the Parent/Guardian line.

Girl Scout's Name: _____ Troop/Group: _____

Date of Birth: _____ Age: _____ Grade in School: _____

Phone Number(s): _____

Home Address: _____

Name of physician: _____ Physician's Phone Number: _____

Health Insurance Carrier: _____

Policy #: _____ Policy Holder: _____

Date of last health examination: _____

Allergies: _____

Physical/Mental Health Conditions: _____

Medications (prescribed and over-the-counter), dosage, and times: _____

Dietary Restrictions: _____

Immunizations:

Immunization	Date(s)	Immunization	Date(s)
DPT	_____	Hib	_____
Measles	_____	Hepatitis B	_____
Mumps	_____	TB	_____
Rubella	_____	Tetanus	_____
Oral Polio	_____	Other	_____

1. Parent's/Guardian's Name: _____

Address (if different from above): _____

Phone Number(s): _____

2. Parent's/Guardian's Name: _____

Address (if different from above): _____

Phone Number(s): _____

• Name of Emergency Contact: _____

Phone Number(s): _____

Get permission from your emergency contact to list them as the Emergency Contact.

My daughter is in good physical condition and has not had a serious illness or operation since her last health examination. The information included on the Health History is accurate and true. I will make sure she does not attend GS events or meetings if she is not feeling well and will also inform you of the same. In the event of an emergency and I cannot be reached, I give permission to the physician selected by the adult in charge to hospitalize and to secure proper treatment for my daughter.

Parent's/Guardian's Signature: _____ Date: _____

Parent's/Guardian's Printed Name: _____