girl scouts of central maryland

Girl and Adult Health History Record

This health history is to be completed on both sides and signed by parents/caregivers of girls or by adult members themselves. This form must be completed annually and as changes occur by the child's parent or caregiver and returned to the troop leader and/or troop first-aider prior to attending the first troop meeting. Use additional paper, if needed.

GENERAL INFORMATION		
Name ❒ Girl ❒ Adult	Date of Birth	Troop/Group No.
Home Address	Phone No.	
Girl Parent/Caregiver 1 Name	Phone No.	
Girl Parent/Caregiver 1 Address, if different from girl		Relationship to Girl
Girl Parent/Caregiver 2 Name	Phone No.	
Girl Parent/Caregiver 2 Address, if different from girl		Relationship to Girl
Custodial Care of the Girl Scout ❒ Mother ❒ Father ❒ Both ❒ Other; please describe:		

EMERGENCY CONTACT INFORMATION		
Name of Emergency Contact	Phone No.	Relationship to Girl or Adult
Address		
Name of Family Physician		Phone No.
Name of Medical/Hospital Insurance Carrier		Policy or Group No.

ILLNESSES, INJURIES, AND CONDITIONS							
☐	ADD/ADHD	☐	Diabetes	☐	Hearing Impairment	☐	Sickle Cell Trait/Disease
☐	Asthma	☐	Ear Infections	☐	Hypertension	☐	Skin Conditions
☐	Bed Wetting	☐	Epilepsy/Seizures	☐	Menstrual Cramps	☐	Sleep Disturbances
☐	Bleeding/Clotting Disorders	☐	Headaches/Migraines	☐	Musculoskeletal Disorders	☐	Special Dietary Regimen
☐	Constipation	☐	Heart Defect/Disease	☐	Nosebleeds	☐	Stomach Upsets
☐	Other:						

Below, please explain any illnesses, injuries, and conditions checked above. Indicate any information useful to the adult in charge in relation to any of these health conditions or physical limitations. Additionally, indicate any activities to be encouraged or restricted:

ALLERGIES			
Allergies	**Yes**	**No**	**Specify Nature of Allergic Reaction**
Animals	✔		
Food	✔		
Insect Bites/Stings			
Medicines/Drugs	✔		
Pollen/Hay fever/Plants/Trees	✔		
Other	✔		

Record of Immunization for Girl Scout

❒ I attest that all of my Girl Scout's immunizations, as required by school, are up-to-date at the time of completion of this health record. If not, please explain: _____

Required or Restricted Medications

❒ My Girl Scout needs or may need medications administered (see below)
❒ I will provide the troop/group first-aider with the following medications for my Girl Scout; I understand that all medications must be in the original packaging and must include written physician instructions in regard to administration and dosage.

Medication	Reason for Medication	Dosage	Frequency	Girl Scout Self-administration
				❒ Yes ❒ No
				❒ Yes ❒ No
				❒ Yes ❒ No

❒ I give the appointed, certified troop/group First-aider my permission to administer the following over-the-counter medications to my Girl Scout according to package dosage directions: ❒ Aspirin ❒ Ibuprofen ❒ Tylenol ❒ Benadryl ❒ Neosporin ❒ Sunscreen ❒ Insect Repellant ❒ Antacid ❒ Cough Drops ❒ None

❒ Physicians, nurses, health professionals or first-aiders may NOT administer the following treatments or medications to my Girl Scout:

_____

Emergency Medical Treatment: In the event of an emergency, the volunteer or staff in charge with Girl Scouts of Central Maryland will seek treatment for your Girl Scout. Every effort will be made to contact the parent/caregiver or noted emergency contact.

❒ I understand that Girl Scout activity insurance is secondary to any personal insurance I may hold.

❒ I do not grant authorization to administer the following treatment(s) for my Girl Scout:

_____
_____

Girl and Adult Health History Record Addendum as of August 2020: COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As Girl Scouts of Central Maryland (GSCM) takes every safety and preventative precaution, GSCM can in no way warrant that COVID-19 infection will not occur through participation in GSCM programs. In addition to this Health History Record, parents/caregivers must sign for each Girl Scout an *Assumption of Risk, Release and Waiver of Liability Relating to Coronavirus/ COVID-19* and a *Parent/Guardian Permission for Girl Scout Activities, Events and Trips.*

This health history record for my Girl Scout is complete and accurate. I know of no reason, other than the information indicated on this record, why my Girl Scout should not participate in Girl Scout troop/group activities. If after completion of this health history record there would be changes to my Girl Scout's health information, I will update the record as soon as possible.

If completing this form with a typed signature: ***By checking this box ❒ I certify my consent and that my typed name has the same effect as my handwritten signature.***

_____ _____
Parent/Guardian Signature Date