girl scouts of central maryland

Girl Scout and Adult Health History Record

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

GENERAL INFORMATION		
Name ❒ Girl Scout ❒ Adult	Date of Birth	Troop/Group Number (if applicable)
Home Address	Phone Number	
Girl Scout Parent/Caregiver 1 Name	Phone Number	
Girl Scout Parent/Caregiver 1 Address, if different from Girl Scout		Relationship to Girl Scout
Girl Scout Parent/Caregiver 2 Name	Phone Number	
Girl Scout Parent/Caregiver 2 Address, if different from Girl Scout		Relationship to Girl Scout
Custodial Care of the Girl Scout ❒ Mother ❒ Father ❒ Both ❒ Other; please describe:		

EMERGENCY CONTACT INFORMATION		
Name of Emergency Contact	Phone Number	Relationship to Girl Scout/ Adult
Address		
Name of Family Physician		Phone Number
Name of Medical/Hospital Insurance Carrier		Policy or Group Number

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 (if more space is needed, please attach additional information to this form):

ALLERGIES			
Allergies	**Yes**	**No**	**Specify Nature of Allergic Reaction**
Animals	❒	❒	
Food	❒	❒	
Insect Bites/Stings	❒	❒	
Medicines/Drugs	❒	❒	
Pollen/Hayfever/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 Girl Scout activity 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 Girl Scout activity First-aider my permission to administer the following over-the-counter medications to my Girl Scout according to package dosage directions: ❒ None ❒ Ibuprofen ❒ Acetaminophen ❒ Antihistamine (e.g., Benadryl) ❒ Hydrocortisone Cream ❒ Sunscreen ❒ Insect Repellant ❒ Antacid ❒ Cough Drops

❒ 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 October 2022: Communicable diseases, such as COVID-19, are extremely contagious viruses which spread 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 a communicable disease will not occur through participation in GSCM programs. In addition to this Health History Record, parents/caregivers must sign for each Girl Scout a *Parent/Guardian Permission for Girl Scout Activities, Events and Trips* which will be kept on file with the Girl Scout's troop/group.

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 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. Furthermore, I agree to comply and to ensure compliance by my Girl Scout with all local, State, and federal orders and recommendations relating to preventing the spread of communicable diseases and all safety protocols instituted by GSCM relating to participation in Girl Scout activities. I agree that neither I nor my participating Girl Scout shall participate in Girl Scout activities if ill or have been exposed to others who have a confirmed cause of a communicable disease. I acknowledge that GSCM has taken reasonable and appropriate steps to implement health and safety protocols for hindering the transmission of communicable diseases. I agree that Council may revise its protocols at any time based on updated recommended guidance and recommendations issued by public health agencies and further agree that I and my participating Girl Scout will comply with Council health and safety procedures and revised procedures prior to participating in, visiting, or utilizing the facilitates, services, and/or the programs of the GSCM Council.

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/Caregiver Signature Date