



Girl & Adult Health History Record

This health history is to be completed and signed by parents/guardians of girls or by adult members themselves. Please print or type. Information is confidential.

Name _____ DOB _____ Age _____
 Address _____ City _____ State/Zip _____ Troop # _____
 Parent/Guardian _____ Home Phone () _____
 Home Address _____ City _____ State/Zip _____
 Business Address _____ Work Phone () _____

In Emergency Notify _____ Relationship _____
 Address _____ Phone () _____
 Name of Family Physician _____ Phone () _____
 Family Medical/Hospital Insurance Carrier _____ Policy/Group # _____

PART 1: Illness and injuries (check those that apply and give appropriate dates)**Chronic or Recurring Illness**

- Ear Infection Bleeding/Clotting Disorders Hypertension Asthma Diabetes
 Heart Defect/Disease Musculoskeletal Disorders Seizures Other _____

Date of last health examination _____ Were any complicating medical problems noted? _____

Is participant currently under the care of a physician or psychologist? _____

Since last health exam, has participant had:

- a serious injury requiring medical attention? _____
- any prescribed or over-the-counter medication? _____
- treatment in a hospital or emergency room? _____
- any exposure to a contagious disease? _____
- an illness lasting more than 5 days? _____
- a surgical operation or fracture? _____
- any restrictions concerning physical activities? _____

Please explain any 'yes' answers to the above question, including dates: _____

Part II: Allergies

(Check those that apply and specify nature of allergic reaction.)

- Animals Hay fever
 Pollen Food
 Medicines/drugs Insect stings
 Plants Other _____

Part III: Other health conditions (Check those that apply.)

- Bed wetting Fainting
 Constipation Hearing impairment
 Menstrual cramps Sickle cell trait or disease
 Motion sickness Special dietary regimen
 Nosebleeds Wears glasses or contact lenses
 Sleep disturbances Other _____

Part IV: My daughter has permission to take or use the following:

- Tylenol / Acetaminophen
 Advil / Ibuprofen
 Sudafed / decongestant
 Benadryl / antihistamine
 Pepto Bismol
 Tums / Antacid
 Robitussin / expectorant
 Swimmers' Ear / alcohol-vinegar solution

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted. _____

This health history is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted.

Signature of parent/guardian _____ Date _____

This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.

Signature of adult _____ Date _____