girl scouts of maine

CONFIDENTIAL

Girl or Adult Health History Record

This record will be retained by the adult leader for one year and will accompany the adult in charge at all meetings and other activities (i.e. field trips, camping, SU events, etc.) All information on this form will be kept confidential and stored in a place where others may not view the information contained on this form.

LEADER: ___________________

Full Legal Name ____________________________ **Nickname** ____________________________ **Troop #** ____

Health Conditions: Past and present (check all that apply)

- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma
- ☐ Attention Disorder
- ☐ Bedwetting
- ☐ Bleeding Disorder
- ☐ Convulsions/Epilepsy/Seizures
- ☐ Anxiety
- ☐ Depression
- ☐ Diseases of the Ear or Ear Infections
- ☐ Eating Disorders (Anorexia, Bulimia, etc.)
- ☐ Emotional/Mental health disorder
- ☐ Eyesight Impairment
- ☐ Fainting/Dizzy Spells
- ☐ Headaches/Migraines
- ☐ Hearing Impairment
- ☐ Heart Defects/Disease
- ☐ Hernia
- ☐ Hypertension/High Blood Pressure
- ☐ Intestinal Disorders/Constipation
- ☐ Kidney/Bladder Illness
- ☐ Menstrual Cramps
- ☐ Musculoskeletal Disorders
- ☐ Nosebleeds
- ☐ Sinusitis (Sinus Infections)
- ☐ Sleep Disturbances
- ☐ Speech Impairment
- ☐ Had surgery or hospitalized in the last 5 years
- ☐ Seizure(s)
- ☐ Other

Date of last health examination:__________________**Please explain in detail any items checked above:** __________

____

Does your child have any restrictions concerning physical activities? ☐ Yes ☐ No

Explain: ____

Allergies

1. ____________________ ____________________ ____________________ ____________________

Allergy | Reaction/Severity | Treatment | Date of Last Reaction

2. ____________________ ____________________ ____________________ ____________________

Allergy | Reaction/Severity | Treatment | Date of Last Reaction

Does she/you suffer from Anaphylaxis? ☐ Yes ☐ No

(A severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.)

- **Does she/you carry an Epipen?** ☐ **Yes** ☐ **No** • **Does she/you carry an inhaler?** ☐ **Yes** ☐ **No**
- **Are her/your immunizations up to date, including Tetanus?** ☐ **Yes** ☐ **No**

Prescription Medication

List any medications including dosage schedule and specific instructions for use. All prescriptions must be in the original container with appropriate label.

1. ____________________ ____________________ __________ ____________________

Medication | Purpose | Dosage | Specific Instructions

2. ____________________ ____________________ __________ ____________________

Medication | Purpose | Dosage | Specific Instructions

3. ____________________ ____________________ __________ ____________________

Medication | Purpose | Dosage | Specific Instructions

Over-The-Counter Medications

Parent/Guardian of Minors: My Daughter has permission to take the following medications in case of accident, injury, or minor illness.

- ☐ Tylenol / Acetaminophen
- ☐ Cough Medicine
- ☐ Pepto Bismol
- ☐ Sudafed / Decongestant
- ☐ Imodium (anti-diarrhea)
- ☐ Ibuprofen (pain/swelling)
- ☐ Benadryl / Antihistamine
- ☐ Dramamine (motion sickness prevention)
- ☐ Skin Ointments (in case of rash, antibacterial, athlete's foot, etc.)
- ☐ Tums / Antacid

Other ____

Special considerations or notes ____

My child has the following dietary restrictions ________________________________

Signatures *Handwritten Signature Required*

For Custodial Parents/Guardians: 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 above. This Health History Form is complete and accurate. I understand that if the health condition or information should change, I will notify her Girl Scout Leader.

Signature of Custodial Parent/Guardian ______________________________Today's Date ______________

For Adults: This Health History Form is correct, and I am able to participate in all prescribed activities, except as noted above.

Emergency Contact: Name ______________________________ **Phone(s)** ______________________

Relationship ____________________Signature____________________Today's Date ______________