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GIRL/ADULT HEALTH HISTORY

Health History

Girl Scouts – Foothills Council, Inc.
33 Jewett Place, Utica, NY 13501
315-733-2391 FAX 315-733-1909

________Girl
________Adult

Date completed:___/___/___

Name (last, first, middle initial)	Parent/Guardian	(Area code) Phone

Address	City/Town	State	Zip Code	Date of Birth	Age	Sex

In Emergency Notify	Address	(Area Code) Phone

HEALTH HISTORY: (check those that apply)

Diseases	**Allergies**		**Chronic or Recurring Illness**	
_Chicken Pox	_Animals	_Plants	_Ear Infections	_Hypertension
_Measles	_Food	_Pollen	_Heart Defect/Disease	_Diabetes
_German Measles	_Hay Fever	_Other	_Seizures	_Muscoloskeletal Disorders
_Mumps	_Insect Bites	_Medicine/Drugs	_Disorder	_Other (specify)
			_Asthma	

Please describe conditions and give dates:

Operations or serious injuries ____

Hospitalizations____

Other diseases/disabilities____

Comments where applicable:

Fainting______________________________ Sleep disturbances__________________

Bed wetting______________________________Menstrual cramps__________________

Constipation______________________________Nosebleeds__________________

Emotional disturbances______________________________Other__________________

Specific activities to be encouraged____

restricted____

Special medical or dietary regimen to be followed (specify)______________________________

Can be given Tylenol: _____yes _____no

Name of Physician:______________________________ Phone:__________________

This health history is complete and accurate. My daughter has permission to engage in all prescribed activities except as noted by me and/or the examining physician.

(X) Signature of Parent/Guardian holding legal custody: ________________________ Date: ______________

EMERGENCY RELEASE STATEMENTS

FOR GIRLS: In an emergency, when the undersigned or other emergency contact person cannot be reached, I give permission for the person in authority to take any emergency measure deemed appropriate. The parent/guardian holding legal custody will be notified as soon as possible.

(X) Signature of parent or guardian holding legal custody: ________________________ Date: ______________

FOR ADULTS: In an emergency, should it happen that I am incapable or that the person named emergency contact can not be reached promptly, I give my permission for the person in authority to take any emergency measure deemed appropriate. My emergency contact will be notified as soon as possible

(X) Signature of adult filling out this form:________________________________ Date: ______________

THIS FORM MUST GO WITH THE PERSON NEEDING ANY EMERGENCY TREATMENT.