

Girl Scout Medical History & Permission Form

To comply with Girl Scout Standards, activity leaders must have the following health history & emergency medical treatment permission, signed by parent or guardian, on hand during organized events. Please fill in completely & return.

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Troop Number \_\_\_\_\_ GS Membership Expires \_\_\_\_\_ Leader's Name \_\_\_\_\_

Health History

<u>Check Diseases You Have Had:</u>	<u>Current Allergies:</u>	<u>Chronic or Recurring Illnesses:</u>	<u>Immunization Records &amp; Dates</u>
Chicken Pox _____	Hay Fever _____	Diabetes _____	Diphtheria _____
Measles _____	*Asthma _____	Ear Infections _____	Tetanus _____
Ger. Measles _____	*Insect Sting _____	Convulsions _____	Whooping Cough _____
Mumps _____	Poison Ivy _____	Heart Disease _____	Oral Polio _____
Hepatitis _____	Poison Oak _____	Behavioral _____	Mumps _____
Date of Last Health Exam: _____	Foods _____	Other _____	Rubella _____
	Drugs _____		Hepatitis B _____
	*Medication / inhaler _____	Specify: _____	Chicken Pox _____
			Other _____

Operations or Serious Injuries (Dates): \_\_\_\_\_ Hospitalizations: \_\_\_\_\_

Other Diseases or Details \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Address \_\_\_\_\_ Phone (Work) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person to Notify in Emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

In the event of emergency, all effort will be made to contact the above persons, however, if this fails, the signing of the following permission will allow the participant to receive Emergency Medical Treatment. I hereby grant permission for my daughter to receive emergency medical treatment.

\_\_\_\_\_  
Date Parent or Guardian

Two witnesses to parent's signature required. THIS IS A HOSPITAL REQUIREMENT.

Blanket Permission

My daughter has my permission to go on a short trip during the troop meeting time for the Scouting year of \_\_\_\_\_. She is to be adequately supervised and back at the troop meeting place at the usual closing time. She is to go with her Troop # \_\_\_\_\_ and information concerning where they can be reached will be left at the troop meeting site.

\_\_\_\_\_  
Date Parent or Guardian