girl scouts of eastern missouri

PARTICIPANT'S NAME_____

Girl Scouts of Eastern Missouri, Inc.

HEALTH HISTORY

The health history is to be completed and signed by a parent/guardian.

PART I: Illness and Injuries (check those that apply)

Chronic or recurring illness:_____ Date of your daughter's last examination_____

❒ Asthma ❒ Diabetes ❒ Seizures ❒ Kidney Disease
❒ Hypertension ❒ Ear Infection ❒ Musculoskeletal Disorders ❒ Heart Disease/Defect
❒ Bleeding/Clotting Disorder ❒ Arthritis ❒ Lyme Disease ❒ Other (specify)_____

Yes	No	
❒	❒	Were any complicating medical problems noted in your daughter's last examination?
❒	❒	Is your daughter currently under a physician's care for a medical problem?

Since your daughter's last health exam, has she had:

❒	❒	a serious injury requiring medical attention?
❒	❒	an illness lasting more than five days?
❒	❒	a surgical operation or fracture?
❒	❒	medication prescribed by a physician to be taken on a regular basis?
❒	❒	treatment in a hospital as an in-patient or in the emergency room?
❒	❒	any restrictions concerning physical activities?

Please explain any "yes" answers to the above questions. Include dates: _____

_____

_____

_____

If your daughter has not had a health examination in the previous two years/24 months, or if you have indicated a "yes" reply to any of the above questions, a written statement from her physician granting permission to participate in strenuous activity such as water sports, horseback riding, skiing, hiking; non-contact sports such as track, tennis, or gymnastics is required.

PART II: Allergies (Check those that apply. Specify causal agent and nature of reactions – e.g. penicillin causes hives.)

❒ Animals _____ ❒ Medicine/drugs _____
❒ Food _____ ❒ Plants _____
❒ Hay fever _____ ❒ Pollen _____
❒ Insect stings _____ ❒ Other _____

What actions should be taken?_____

PART III: Other health conditions (check those that apply)

❒ bedwetting ❒ hearing impairment ❒ orthodontic appliances
❒ constipation ❒ menstrual complications ❒ sickle cell trait or disease
❒ emotional disturbances ❒ motion sickness ❒ wears contact lenses/glasses
❒ fainting ❒ nosebleeds ❒ eating disorders
❒ sleep disturbances ❒ sinusitis ❒ frequent headaches
❒ special dietary regiment ❒ other (specify)_____

Please explain. Indicate any information useful to the adult in charge in relation to any of the above health conditions. Indicate any activity to be encouraged or restricted. _____

_____

Part IV: Immunization History	Year Primary Series Completed		Year of Last Booster
D.T.P.	_____		_____
Diphtheria			_____
Pertussis (whooping cough)			_____
Tetanus (within 10 years)			_____
Td or Tdap (tetanus/diphtheria/booster)	_____		_____
Measles	_____		_____
Mumps	_____		_____
Rubella (German Measles)	_____		_____
Oral Polio	_____		_____
Hib (Haemophilus Influenza B)	_____		_____
Hepatitis B	_____		_____
Tuberculin Test (most recent)		Result	_____
Other	_____		_____
Pneumococcal (PCV)	_____		_____
Varicella (Chicken Pox)	_____		_____
Had Chicken Pox ❒	Date: _____		
Meningococcal Meningitis	_____		_____

Girl Scouts of Eastern Missouri, Inc.

GIRL HEALTH HISTORY/PERMISSION FORM

(For individual girl participation in a Council-sponsored activity/event)

Name of Participant (Last, First, Initial)			
Home Phone	**Birthdate**		
Address	**City**	**State**	**Zip**
Parent Name (Printed)	**Parent Cell Phone**	**Parent Work Phone**	**Email Address**

My daughter has permission to participate in_____
(activity)

at_____on_____.
(location) *(date/time)*

She is in good physical condition and has not had any serious illness or surgery since her last health examination.

During the activity, I may be reached at:

Address_____ Phone #( )_____*(Home)*
( )_____*(Work)*
( )_____*(Pager/Cell)*

Name of family physician_____

Phone_____ Exchange Phone #_____

IN CASE OF MEDICAL EMERGENCY, I understand that when medically feasible, an effort will be made to contact a parent or guardian, but in the event one is not reached or if it is not medically feasible to contact one, I hereby give permission for my daughter to be treated.

I understand medical/health information provided on this form will be used by Girl Scout personnel involved with the planning and implementation of Girl Scout activities and emergency medical service/personnel to insure the health and safety of all participants. Girl Scout personnel will make every effort to protect personal health information and will only disclose such information to health care professionals providing treatment.

This health history is complete and accurate. I understand that restrictions may be placed on my daughter's participation in planned activities because of the conditions previously described. I agree to abide by these restrictions and have her refrain from activities which may compromise her well-being. She is able to engage in all activities except as noted.

_____ _____
Signature of Custodial Parent/ Legal Guardian Date

In the event consent is needed for medical care on a non-emergency basis or for other matters and I cannot be reached, the following person is authorized to act on my behalf.

Name_____ Phone # ( )_____*(Home)*
Address_____ _____*(Work)*
City, State, Zip_____ _____*(Pager/Cell)*
Relationship to child_____

Photo Release: I, being a parent/guardian of _____, hereby consent that the photographs, digital images film, videotape, and/or audio or other recordings taken of my daughter while registered as a Girl Scout may be used by the Girl Scouts of Eastern Missouri. and its assignees or successors, in telling the Girl Scout story. This may include use in council or GSUSA publications, newspaper articles, television and radio spots, as well as the Girl Scouts of Eastern Missouri website (www.girlscoutsem.org). Furthermore, I consent that such photographs, motion pictures films and/or audio recordings shall be the property of Girl Scouts of Eastern Missouri, which has the right to duplicate, reproduce and make other uses in the best interest of Girl Scouting and the Council, free and clear of any claim whatsoever on my part. I understand that photographs appearing on the Girl Scout Council of Eastern Missouri website will not include any personal identification of girls or adults. If I wish to change this current agreement, I must notify Girl Scouts of Eastern Missouri in writing.

☐ It is okay to use my daughter's photographs, etc. as described above.
☐ It is okay to use my daughter's photographs, etc. as described above, except I do not want photographs of her displayed on the Girl Scouts of Eastern Missouri's web site.
☐ I do NOT give consent to have photographs, etc. of my daughter used by Girl Scouts.

_____ _____
Signature of Custodial Parent/ Legal Guardian Date

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