

**LEADER:** Have parents fill out this form at the beginning of each year. Keep this form with troop records, accessible for all troop activities.

**PARENT:** Please fill out the information requested below and return to your daughter's leader along with her GSUSA registration form. Please PRINT all information except your signature. Complete the entire page and sign in both places.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Parent/Legal Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**HEALTH HISTORY**

**General – Please mark all that apply.**

- |                                         |                                                       |                                   |                                    |
|-----------------------------------------|-------------------------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Fainting       | <input type="checkbox"/> Motion Sick                  | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nosebleed |
| <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Wears glasses/contact lenses |                                   | <input type="checkbox"/> Seizures  |
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> ADD/ADHD                     |                                   |                                    |
| <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Ear Infection                |                                   |                                    |

Other \_\_\_\_\_

Does the girl have any allergies? \_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_\_

Is the girl under any medical care? \_\_\_\_\_ Specify: \_\_\_\_\_

Has the girl had any operations or serious injuries/date(s): \_\_\_\_\_

**Additional Comments (use back if needed):** \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION:** This health history is correct so far as I know. The person herein described has permission to engage in all prescribed Girl Scout activities except as noted by me. In the event I cannot be reached in an emergency, I give permission to a physician to apply proper treatment and admit my daughter to the hospital if necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_