girl scouts of michigan shore to shore

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Girl/Adult Health History Form

This form must accompany the Troop Leader at every event or activity. Information should be updated on a regular basis. Please complete both sides of this form and return to Troop Leader.

❑ Girl Member ❑ Adult Member

Troop #: _____ or ❑ Individual Service Unit: _____

First Name: _____ Middle: _____ Last Name: _____

Address: _____ _____

Daytime Phone: _____ Evening Phone: _____ E-mail: _____

1. Parent/Guardian Name (Complete for Girl Form Only): _____

   Home/Cell Phone: _____ Work Phone: _____

2. Parent/Guardian Name (Complete for Girl Form Only): _____

   Home/Cell Phone: _____ Work Phone: _____

Health Information

Age: _____ Immunizations up to date? ❑ Y ❑ N

Name of Family Physician: _____ Phone: _____

Family Medical/Hospital Insurance Carrier: _____ Policy/Group #: _____

Family Dental Insurance Carrier: _____ Policy/Group #: _____

Date of Last Tetanus Shot: _____

Date of Last Heath Examination: _____

Were there any medical problems at the time? ❑ Y ❑ N

If yes, please explain. _____

Has participant had any recent injuries or surgeries? ❑ Y ❑ N

If yes, please explain and specify date: _____

Does participant take any prescribed medications on a regular basis? ❑ Y ❑ N

If yes, please state medication and reason: _____

Is participant restricted or limited from participating in any physical activity? ❑ Y ❑ N

If yes, please explain: _____

Participant has the following health conditions/allergies (food and medications):

❑ ADHD ❑ Asthma ❑ Diabetes ❑ Headaches ❑ Seizures ❑ Other: _____

❑ Allergies (specify): _____

Emergency Contact (non-parent): _____ Relationship: _____

Home/Cell Phone: _____ Work Phone: _____

Emergency Contact (non-parent): _____ Relationship: _____

Home/Cell Phone: _____ Work Phone: _____

Parent/Guardian Authorization:
I certify that this health form is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter/girl should not participate in the prescribed activities except as noted. . In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Michigan Shore to Shore to seek treatment for my child and/or dependent minor by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973, Section 14a.

Signature of Parent/Guardian: _____ Date: _____

Adult Member Authorization:
I certify this health history is complete and accurate. I am able to engage in all prescribed activities except as noted.

Signature of Adult Member: _____ Date: _____