

# Girl/Adult Health History Form

**This form must accompany the Troop Leader at every event, activity, or trip. Information must 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 Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian	Parent/Guardian
Name: _____	Name: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____

## **HEALTH INFORMATION**

Birthdate (M/D/Y): \_\_\_\_\_ Age: \_\_\_\_\_ Immunizations up to date? Yes No

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 Health Examination: \_\_\_\_\_

Were there any medical problems at the time? Yes No

If yes, please explain: \_\_\_\_\_

Has participant had any recent injuries or surgeries? Yes No

If yes, please explain and specify date: \_\_\_\_\_

Does participant take any prescription medication on a regular basis? Yes No

If yes, please list medication(s) and reason: \_\_\_\_\_

Is participant restricted or limited from participating in any physical activity? Yes No

If yes, please explain: \_\_\_\_\_

Participant has the following health conditions/allergies:

ADHD Asthma Diabetes Headaches Seizures Other: \_\_\_\_\_

Allergies (specify \_\_\_\_\_

Emergency Contact #1 (non-parent/guardian)	Emergency Contact #2 (non-parent/guardian)
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Phone:	Phone:

**PARENT/GUARDIAN AUTHORIZATION**

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Michigan Shore to Shore (GSMISTS) takes every safety and preventative precaution, GSMISTS can in no way warrant that COVID-19 infection will not occur through participation in Girl Scout programs, events, activities, etc.

I certify that this health history form is complete and accurate. I know of no reasons, other than the information on this form, why my daughter/girl should not participate in the prescribed activities except as noted. I will not allow my girl to attend if I do not consider her to be in good physical condition or if she has been exposed to any contagious disease.

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.

Name of Parent/Guardian: \_\_\_\_\_

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

**ADULT MEMBER AUTHORIZATION**

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Michigan Shore to Shore (GSMISTS) takes every safety and preventative precaution, GSMISTS can in no way warrant that COVID-19 infection will not occur through participation in Girl Scout programs, events, activities, etc.

I certify that this health history form is complete and accurate. I know of no reasons, other than the information on this form, why I should not participate in the prescribed activities except as noted. I will not attend if I do not consider myself to be in good physical condition or if I have been exposed to any contagious disease.

Name of Adult Member: \_\_\_\_\_

Signature of Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_