



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: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian #1 Name:

Phone: _____

Email: _____

Parent/Guardian #2 Name:

Phone: _____

Email: _____

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 surgeries or injuries? 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:

None ADHD Asthma Diabetes Headaches Seizures Other:_____

Allergies: _____

Emergency Contact #1 (non- parent/guardian) Name: _____

Relationship: _____ Phone: _____

Email: _____

Emergency Contact #1 (non- parent/guardian) Name: _____

Relationship: _____ Phone: _____

Email: _____

Parent/Guardian Authorization:

I understand my Girl Scout may not participate in this activity if she appears to be ill, has an undiagnosed medical issue, has lice/nits, or has bed bugs on her clothing, bedding, at home, etc. I further understand if my Girl Scout appears to be ill when she arrives at the activity or becomes ill during the activity, I will be asked to pick-up them up early from the activity at my own expense, and it is at the Troop Leader's discretion whether to refund any fees that I've paid for this activity: YES NO

I understand communicable diseases, including COVID-19, have always presented risks for Girl Scout members to handle. While GSMISTS takes every safety and preventative precaution, GSMISTS can in no way warrant that spread of communicable disease infection will not occur through participation in GSMISTS programs: YES NO

I understand I must provide written permission to the Girl Scout First Aider on the Troop Trip Treatment Permission Form for any medication my Girl Scout may need. I understand this written permission must include the name of the medication, the dosage, times and dates to be administered, and the reason for the medication. The medication must be in the original container and given to the Girl Scout First Aider. I hereby give authorization to GSMISTS to seek medical treatment for my Girl Scout by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973. I also agree to be financially responsible for all expenses associated with providing medical care for my Girl Scout: YES NO

I certify this Health History Form is complete and accurate. I know of no reasons, other than the information included on this form, why my Girl Scout should not participate in the prescribed activities except as noted. YES NO

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Signature

Date: _____

Date: _____

If only one parent/guardian signs, signer represents that the consent of any other parent/guardian has been obtained and/or is not needed

Adult Member Authorization:

I understand I should not participate if I appear to be ill, has an undiagnosed medical issue, have lice/nits, or have bed bugs on my clothing, bedding, at home, etc. I further understand if I appear to be ill when I arrive at the activity or become ill during the activity, I will be asked to leave the activity at my own expense, and it is at the Troop Leader's discretion whether to refund any fees that I've paid for this activity:
YES NO

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I also agree to be financially responsible for all expenses associated to this medical care: YES NO

I certify this Health History Form is complete and accurate. I know of no reasons, other than the information included on this form, why I should not participate in the prescribed activities except as noted. YES NO

Adult Member Printed Name

Adult Member Signature

Date: _____