

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 GSMISTS 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: _____