GIRL SCOUTS OF NORTH-CENTRAL ALABAMA
Girl Health Information

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.

Girl's 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 Health – Please mark all that apply.

__ Fainting **__ Motion Sickness** **__ Diabetes** **__ Nosebleed**
__ Kidney trouble **__ Seizures** **__ Asthma** **__ ADD/ADHD**
__ Hay Fever **__ Ear Infections** **__ Wears glasses/contact lenses**
__Allergies – please list: ____
__ Other health concerns – please list: ____

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): ______________________________________

Check all medications that may be given by first aider or troop/group volunteer, if needed (usually generic):

___Acetaminophen/Tylenol	___Ibuprofen/Advil	___Naproxen/Aleve	___Alcohol/vinegar drops in ears after swimming
___Tums	___Anti-Nausea	___Gas X	
___Antihistamine/Benadryl	___Claritin/Zyrtec	___Decongestant/Sudafed	___Dimetapp
___Cough Syrup/Robitussin	___Cortisone/Anti-Itch Cream	___Benadryl topical	___Maalox/Antacid
___Imodium/Anti-diarrheal	___Pepto-Bismol/Bismuth	___Stool Softener	___Laxative
___None	Other		

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: __________________

07/10/13