girl scouts of the sierra nevada

Girl Scouts, Sierra Nevada Council
605 Washington St. Reno, NV 89503
(775) 322-0642, (800) 222-0701, https://www.gssn.org/

Health History Form – Girl or Adult – Confidential

This health history is to be completed and signed by parents/guardians of Girl Scouts or by adult members themselves. ***NOTE:** A health history is required for trips and participation in physically demanding activities, such as water sports, horseback riding, or skiing. A trip lasting more than three nights requires a health examination in addition to a health history, GSSN approval, and additional insurance coverage – *See Safety-Wise Chapter of Volunteer Essentials.*

Name	Date of Birth	Age
Address	Troop No.	
Parent/Guardian	Day Phone	Evening Phone
Home Address	Cell Phone	Email
Emergency Contact Name – OTHER THAN PARENT/GUARDIAN	Relationship	
Address	Phone	
Name of Family Physician	Phone	
Family Medical Hospital	Phone	
Insurance Carrier	Policy/Group No.	

Part I Chronic/Recurring Illness and Injuries – Check those that apply and give dates.

☐ Ear Infection	☐ Seizures	☐ Diabetes
☐ Hypertension	☐ Bleeding/Clotting Disorders	☐ Musculoskeletal Disorders
☐ Asthma	☐ Heart Defect/Disease	

☐ Other – Explain and Give Dates

Date of last health examination _____ (Month/Date/Year)

☐ Were any complicating medical problems noted in last health examination? Explain.

☐ Is participant currently under the care of a physician or psychologist? Explain.

Since the last health examination, has the participant had any of the below? Check those that apply and give dates.

☐ A serious injury requiring medical attention?	☐ An illness lasting more than 5 days?
☐ Any prescribed or over-the-counter medication?	☐ A surgical operation or fracture?
☐ Treatment in a hospital or emergency room?	☐ Any restrictions concerning physical activities?
☐ Any exposure to a contagious disease?	☐ Other _____

If you checked any of the above, please explain and include dates:

Part II Allergies
Check all that apply and specify nature of allergic reaction.

☐ Plants	☐ Insect Stings
☐ Pollen	☐ Food
☐ Animals	☐ Hay Fever
☐ Medicines/Drugs	☐ Other (specify)

Part III Other Health Conditions

☐ Bed Wetting	☐ Menstrual Cramps
☐ Nosebleeds	☐ Emotional Disturbances
☐ Hearing Impairment	☐ Special Dietary Regimen
☐ Constipation	☐ Motion Sickness
☐ Sleep Disorders	☐ Fainting
☐ Sickle Cell Trait or Disease	☐ Wears Glasses or Contact Lenses

☐ Other (specify)

Part IV Immunization History

Immunization	Year Primary Series Completed	Year of Last Booster
DTP		
Diphtheria		
Pertussis (whooping cough)		
Tetanus		
TD		
Measles		
Mumps		
Rubella (German Measles)		
Oral Polio		
Hib		
Hepatitis B		
Tuberculin Test (most recent)		
Other (specify)		

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also indicate any activities to be encouraged, discouraged or restricted.

This health history is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted.
Signature of Parent/Guardian:_____ Date: _____

This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.
Signature of Adult_____ Date: _____