Girl Scouts of Wisconsin – Badgerland Council, Inc.
www.gsbadgerland.org 800.236.2710

Girl Scouts®

Girl Health History Record

This health history is to be completed and signed annually by parent/guardian and kept with troop records.

Troop #: _____

Girl's Name:_____Phone: (___)_____

Address:_____City/State/ZIP:_____

Family Physician:_____Phone: (___)_____

Family Medical/Hospital Insurance Carrier:_____Policy/Group #:_____

❒ **My daughter takes medication on a regular basis. I give permission for her leader to administer her medication.**
Medication_____ Amount_____ Frequency_____

Illnesses & Injuries (check those that apply and give appropriate dates)

❒ Ear Infection ❒ Bleeding/Clotting Disorders ❒ Hypertension ❒ Asthma ❒ Diabetes
❒ Heart Defect/Disease ❒ Musculoskeletal Disorders ❒ Seizures
❒ Other: (specify)_____

Date of last health examination:_____ Date of last Tetanus:_____
Were any complicating medical problems noted in last health examination?_____

Allergies (check those that apply and note nature of allergic reaction)

❒ Animals:_____ ❒ Pollen:_____ ❒ Medicines/Drugs:_____

❒ Plants:_____ ❒ Hay Fever:_____ ❒ Food:_____

❒ Insect Bites:_____ ❒ Other: (specify)_____

Other Health Conditions (check those that apply)

❒ Bed Wetting ❒ Constipation ❒ Menstrual Cramps ❒ Motion Sickness ❒ Nosebleeds
❒ Sleep Disorders ❒ Emotional Disturbances ❒ Hearing Impairment ❒ Sickle Cell trait or disease
❒ Fainting ❒ Special Dietary Needs ❒ Wears Glasses or Contact Lenses
❒ Other: (specify)_____

In case of an emergency, contact:

Parent/Guardian Name:_____Phone: (___)_____

Parent/Guardian Name:_____Phone: (___)_____

If parent/guardian is not available in an emergency, contact:
Name:_____ Relationship:_____

Daytime Phone: (___)_____ Evening/Cell Phone: (___)_____

Please indicate any information that may be useful to the adult in charge regarding your daughter's health conditions. Also, indicate any activities to be encouraged or restricted:_____

_____

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities.

Signature of Parent/Guardian_____**Date**_____

Revised January, 2010; please discard previous versions 7/09: pink

Permission Of Transportation After Troop Meeting

Occasionally, parents/guardians are delayed in picking up a girl after a troop meeting. In the event that a girl has not been picked up within the time frame the leader has designated, the following actions will be taken:

- The leader will place one reminder phone call to you, the parent/guardian.
- If you do not respond, the leader will call the person who you designate below. This person will be asked to come pick up your daughter.
- If no designee can be reached, the leader will contact local authorities to assist in locating you.

My daughter,_____,has my permission to be transported by & released to the care of_____ following any Girl Scout meeting for which I or my designee, is more

than _____ minutes late in picking her up. The phone number of the responsible adult is_____.

Please note: There may be additional permission forms throughout the year for special events/overnights. Check your local and state policies on booster seat requirements when transporting any Girl Scouts in any vehicles.

Leader retains this page with troop records.