Attach Photo Here!

Health History Form

Complete one for each youth and adult

Name _____ Birthday _____

Address_____City_____State_____Zip_____

Emergency Information:

Custodial Parents/Guardians Names and phone number _____

Emergency contact (if parent/guardian cannot be reached)

Name _____ Relationship _____

Home Phone _____ Cell Phone_____

Others authorized to pick child up: _____

Physician _____ Office Phone _____

Insurance Carrier _____ Policy #_____ Group #_____

If hospitalization is required, take to _____

Allergies: Check those that apply, specify nature and if treatment requires the use of Epipen, Benadryl, etc.)			
Allergy	**Nature of Allergy/ Treatment**	**Allergy**	**Nature of Allergy/ Treatment**
☐ **None**		☐ Hay Fever	
☐ Animals		☐ Medicine/Drug	
☐ Food		☐ Plants	
☐ Insect Sting		☐ Other	

Illnesses, injuries or Health conditions: (check all that apply)			
☐ **None**	☐ Bed Wetting	☐ Head Aches	☐ Motion sickness
☐ ADD/ADHD	☐ Bleeding/Clotting Disorder	☐ Heart disease/defect	☐ Seizures
☐ Asthma	☐ Diabetes	☐ Hearing Impairment	☐ Other:

Immunizations
☐ Immunizations are up to date
☐ Family chooses not to immunize
Date of last Tetanus shot:

If you checked yes to any illnesses, injuries or other health conditions, please attach a separate sheet of paper with explanation. Give nature, dates, period of any disability and results. Also, list any activities that should be restricted.

Information about medications:

Are you/your child taking any medications? **YES☐ NO ☐**

If yes, attach a list of the current medications to this form; send a list of any medication changes or updates if attending camp.

- Medications for girls under the age of 18 must be kept in the possession of the health supervisor at all times (unless otherwise noted).
- Any medication to be dispensed should be indicated on the Health History Form.
- All medication, including over-the-counter products, should be in the original container and marked clearly with the participant's name and directions for use.
- Prescribed medications and over-the-counter products must be administered in the prescribed dosage by or in the presence of the appropriate volunteer or as per the written instructions of a custodial parent, a guardian, or a physician.
- Medication can only be dispensed to the person named on the prescription container.
- As per the Safety-Wise chapter of Volunteer Essentials, medications, including over-the-counter products, cannot be dispensed **without prior written permission from a girl's custodial parents or guardian.**

HEALTH INFORMATION PRIVACY STATEMTNT FROM GSUSA

The Health History Form is for the health care concerns during the year following the date below. All medical records will be held in limited access by the responsible volunteer only. Minimal necessary information may be shared with camp staff/volunteers in order to provide adequate participate safety and health care. I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Parents or Guardian's Statement & signature- My child has had a physical examination within the past 24 months and is in good health. I give full permission for my child participate in all activities (except as noted on this health history.) The Girl Scouts of Eastern Washington and Northern Idaho is held harmless in the event of an accident. In the case of injuries, I give permission for medical treatment as deemed necessary including administering prescription medications and over the counter prescriptions. I agree that all information including immunizations is complete and up to date.

Volunteer Statement & Signature- I am in good health and able to participate in all activities at camp (except as noted on this health history.) The Girls Scouts of Eastern Washington and Northern Idaho is held harmless in the event of an accident. In the case of an injury, I give permission for medical treatment as deemed necessary.

Permission is granted to use any picture or video footage of girl/adult for Girl Scout promotional purposes.

Signature _____ Date_____

Parent/Guardian or Signature _____ Date_____(If under 18)