



# GIRL HEALTH HISTORY

Date \_\_\_\_\_

**Instructions: Complete form and secure parent/guardian signature and submit to troop/group leader or event director.**

Girl's Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

## INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance?  Yes  No  
If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

## HEALTH HISTORY

List any physical or behavioral conditions that may be useful to the adult in charge or which may limit full participation in Girl Scout activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (medication, food or other) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RESTRICTIONS – The following restrictions apply to this individual

- Does not eat red meat
- Does not eat pork
- Does not eat eggs
- Does not eat dairy products
- Does not eat seafood
- Does not eat poultry
- Other \_\_\_\_\_

## MEDICATIONS

**Prescription** medicines must be sent in their original container with the physician prescribed orders.  
**Over-the-counter** medicines must be accompanied with dosage instructions.

\_\_\_\_\_  
\_\_\_\_\_

### Permission to provide necessary treatment or emergency care:

I hereby give my permission for my daughter/ward to receive medication and emergency medical care if necessary

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

**I hereby give my permission for my daughter/ward to receive the following medications indicated with a checkmark:**

- Advil/Ibuprofen
- Aloe Vera gel
- Benadryl
- Calamine lotion
- Tums/Maalox
- Tylenol



Custodial parent/guardian name \_\_\_\_\_

Phone-Day (     ) \_\_\_\_\_ Evening (     ) \_\_\_\_\_

Second parent/guardian name \_\_\_\_\_

Phone-Day (     ) \_\_\_\_\_ Evening (     ) \_\_\_\_\_

*In case of an emergency when parent/guardian is not available, please notify:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone-Day (     ) \_\_\_\_\_ Evening (     ) \_\_\_\_\_

**GIRL CODE OF CONDUCT**

I WILL cooperate with the adult in charge, respect the people and places with which I come in contact, abide by the Girl Scout Promise and Law, participate in all required activities, be responsible for my personal belongings and equipment, and observe all safety regulations. I understand that if I am involved in any unacceptable behavior, I may be sent home. I understand that if I am sent home, it will be my parents/guardians responsibility to pick me up any time of the day or night and that any additional expense incurred will be their responsibility.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date