



Troop Health HISTORY FORM

MISSION: Girl Scouting builds girls of courage, confidence and character, who make the world a better place.

PERSONAL INFORMATION

Girl's Name _____
First
Middle
Last

Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Age _____

Name of Mother/Guardian _____

Mother's Telephone _____
Work/Day
Cell

Name of Father/Guardian _____

Father's Telephone _____
Work/Day
Cell

Emergency Contact (if parents can't be reached) _____

Emergency Contact Telephone _____
Work/Day
Cell

Insurance Information (If participant is covered by another provider, please complete the following)

Name of Company _____

Address _____ Policy or Certificate # _____

HEALTH HISTORY (check all the apply)

<p>Allergies</p> <input type="checkbox"/> Animals _____ <input type="checkbox"/> Food _____ <input type="checkbox"/> Hay Fever _____ <input type="checkbox"/> Insect Stings _____ <input type="checkbox"/> Medicine/Drugs _____ <input type="checkbox"/> Plants _____ <input type="checkbox"/> Pollen _____ <input type="checkbox"/> Other (specify) _____	<p>Chronic or Recurring Illness</p> <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/ Disease <input type="checkbox"/> Seizures <input type="checkbox"/> Bleeding Disorders <input type="checkbox"/> Asthma <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Other _____	<p>Suggestions from Parents</p> <p><i>My daughter has permission to take or use the following:</i></p> <input type="checkbox"/> Tylenol/Acetaminophen <input type="checkbox"/> Advil/Ibuprofen <input type="checkbox"/> Sudafed/Decongestant <input type="checkbox"/> Benadryl/Antihistamine <input type="checkbox"/> Pepto Bismol <input type="checkbox"/> Tums/Antacid <input type="checkbox"/> Robitussin/Expectorant <input type="checkbox"/> Swimmer's Ear/Alcohol-vinegar solution
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(over please)

PARENT/GUARDIAN PERMISSION AND RELEASE

This health history is correct and my daughter has permission to engage in all prescribed activities, except as noted by me and an examining physician. Girl Scouts Carolinas Peaks to Piedmont also has my permission to transport my daughter to the hospital or doctor for medical treatment should there be an illness or injury. My child has permission to participate in all activities.

Health history information will be handled by GSCP2P staff/volunteers who have a legitimate need to know as mandated by Federal Law. A complete copy of the council's Privacy Policy can be found at www.girlscoutsp2p.org. For questions, contact Human Resources at 704-864-3245.

HORSEBACK RIDING RELEASE INFORMATION

Because riding horses/ponies is classified as a rugged adventure recreational sport, we require a signed informed consent for each participant. There are numerous obvious and non-obvious inherent risks that are present in such activities despite all safety precautions. No horse or pony is a completely safe animal. We strive to provide gentle animals; however, Girl Scouts Carolinas Peaks to Piedmont cannot be held responsible for any accidents or injuries to any participants.

WARNING

Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

Signature of Parent/Guardian _____

Date _____