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GIRL/ADULT HEALTH HISTORY & EXAM

SIDE A (Health History)

Girl Scouts – Foothills Council, Inc.
33 Jewett Place, Utica, NY 13501
315-733-2391 FAX 315-733-1909

________Girl
________Adult

Date completed:___/___/___ Section completed: __health history only (all events), and __exam (3 nights or more)

Name (last, first, middle initial)				Parent/Guardian		(Area code) Phone	
Address	City/Town	State	Zip Code	Date of Birth	Age	Sex	
In Emergency Notify	Address					(Area Code) Phone	

HEALTH HISTORY: (check those that apply)

Diseases
_Chicken Pox
_Measles
_German Measles
_Mumps

Allergies
_Animals
_Food
_Hay Fever
_Insect Bites
_Plants
_Pollen
_Other
_Medicine/Drugs

Chronic or Recurring Illness
_Ear Infections
_Heart Defect/Disease
_Seizures
_Disorder
_Asthma
_Hypertension
_Diabetes
_Muscoloskeletal Disorders
_Other (specify)

Please describe conditions and give dates:
Operations or serious injuries ______________________________
Hospitalizations______________________________
Other diseases/disabilities______________________________

Comments where applicable:
Fainting______________________________ Sleep disturbances______________
Bed wetting______________________________Menstrual cramps______________
Constipation______________________________Nosebleeds______________
Emotional disturbances______________________________Other______________
Specific activities to be encouraged______________________________
restricted______________________________
Special medical or dietary regimen to be followed (specify)______________________________
Can be given Tylenol: _____yes _____no
Name of Physician:______________________________ Phone:______________

PLEASE FILL IN RECORD OF IMMUNIZATIONS PORTION OF EXAM ON BACK
This health history is complete and accurate. My daughter has permission to engage in all prescribed activities except as noted by me and/or the examining physician.
(X) Signature of Parent/Guardian holding legal custody: ______________________ Date: ______________

EMERGENCY RELEASE STATEMENTS

FOR GIRLS: In an emergency, when the undersigned or other emergency contact person cannot be reached, I give permission for the person in authority to take any emergency measure deemed appropriate. The parent/guardian holding legal custody will be notified as soon as possible.

(X) Signature of parent or guardian holding legal custody: ______________________ Date: ______________

FOR ADULTS: In an emergency, should it happen that I am incapable or that the person named emergency contact can not be reached promptly, I give my permission for the person in authority to take any emergency measure deemed appropriate. My emergency contact will be notified as soon as possible

(X) Signature of adult filling out this form:______________________________ Date: ______________

THIS FORM MUST GO WITH THE PERSON NEEDING ANY EMERGENCY TREATMENT.