girl scouts of north east ohio

Personal Health and Medical Record Form

☐ Adult ☐ Girl Age _____ Gender (if adult) _____

Update annually for all participants

Activity: Troop meetings, overnight trips, or other programs not exceeding 72 hours. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference. (Attach separate page if necessary). To be filled out by parent, guardian, or adult participant annually. Please fill out electronically or print in ink.

Name _____

Date Completed _____

Troop _____

Participant Information

Date of Birth

Name _____ _____
(Last) (First) Mo Day Year

Address _____

City & State _____ Zip _____

Parent / Guardian Information

Girl is under custodial care of:

Both parents ☐ Guardian(s) ☐
Mother only ☐ Father only ☐

Parent/Guardian Name _____

Address

_____

Phone _____ (day)
_____ (evening)

Medical History

Date of most recent physical exam: _____

Are you aware of any current health problems?

Now under medical care of taking medication?

In the last 6 months – have any of these happened:

Any surgery, illness, allergy or other change?

Hospitalizations or serious injuries?

Give dates and full details for any "yes" answers here:

_____

_____

Current Medications _____

Being taken for (condition) _____

Dosage and frequency _____

Chronic or Recurring Conditions (check all that apply)

☐ Asthma
☐ Bleeding Disorders
☐ Convulsions / Seizures
☐ Diabetes
☐ Ear Infection
☐ Emotional / behavior disturbance
☐ Hypertension
☐ Heart disease / defect
☐ Urinary Infection
☐ Vision – Contacts / Glasses
☐ Teeth – dentures / bridge
☐ Menstrual problems
☐ Fainting
☐ Other

Please provide details for any items checked (attach separate page if necessary).

_____

_____

Special Needs

Dietary

_____

_____

Activities to be restricted _____

_____

_____

This Health History is complete and accurate. My daughter/I have permission to engage in all prescribed activities except as noted above.

Signature _____ **Date** _____
(Parent / guardian or adult)

Medical Authorization

I give permission for full participation in GSNEO programs. In the event that I and the other Emergency Contacts listed below cannot be contacted, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Signature _____ Date _____
(Parent / guardian or adult)

Emergency Contact Information

In addition to the parent(s)/guardian(s) listed, this girl may be released to the following person(s):

Name _____
Relationship: _____ Phone _____

Name _____
Relationship: _____ Phone _____

Personal Physician

Name _____ Phone _____
Insurance Carrier _____
Policy # _____ Phone _____
Insured name (parent) _____

Dentist

Name _____ Phone _____
Insurance Carrier _____
Policy # _____ Phone _____
Insured name (parent) _____

Allergies (check all that apply)

☐ Animals
☐ Food(s)
☐ Hay Fever
☐ Insect Stings
☐ Medicine/drugs
☐ Plants
☐ Pollen
☐ Other

Please provide details of any checked (Attach separate page if necessary):

_____

_____

Immunizations (year)

Tetanus _____
Measles _____
Rubella _____
Mumps _____
Diphtheria _____
Pertussis _____
Hepatitis B _____
TB Test _____
Other _____

Medical Authorization

I give permission for First Aider to administer to my daughter/ward/me, according to instructions printed on the original container, the following over-the-counter and/or prescription medications which I have provided in their original containers. Check all that apply:

☐ Acetaminophen (Tylenol)
☐ Antacid (Mylanta, Tums)
☐ Hydrocortisone cream
☐ Cough suppressant (Robitussin)
☐ Antibiotic cream (Neosporin)
☐ Calamine lotion
☐ Other
☐ Ibuprofen (Motrin)
☐ Oral anesthetic
☐ Antihistamine (Benadryl)
☐ Eye wash
☐ Sunscreen
☐ Insect repellent

Prescription medications (attach separate page if necessary) _____

_____

_____

Signature _____ **Date** _____
(Parent / guardian or adult)