



Girl Scouts of Alaska Girl Health History

Name _____ Age _____ Birth Date ____ / ____ / ____

Parents/Guardians: _____

Address _____ City _____ AK Zip _____

Phone (____) _____ Second Phone (____) _____

EMERGENCY CONTACT INFORMATION (to be used if parents cannot be reached)

Emergency Contact: _____ Relationship to participant: _____

Phone: Daytime (____) _____ Phone: Evening (____) _____

Name of girl's dentist/orthodontist: _____ Phone: (____) _____

Name of girl's physician: _____ Phone: (____) _____

INSURANCE INFORMATION

Girl Scout membership provides accident insurance to serve as secondary insurance coverage; it is not intended to replace the benefits that may be available under a family plan.

Name of Insured: _____ Relationship to girl: _____

Carrier: _____ ID # _____ Policy or Group # _____

Address: _____ Member Services Phone: (____) _____

ALLERGIES

List each kind of allergy and describe reaction and management of the reaction:

Medication allergies:

Food allergies:

Other allergies: (include asthma and insect stings or history of insect allergies in family)

MEDICAL HISTORY

Check those that apply:

Diseases	Chronic Illness	Other Conditions
<input type="checkbox"/> chicken pox	<input type="checkbox"/> diabetes	<input type="checkbox"/> severe menstrual pain
<input type="checkbox"/> rheumatic fever	<input type="checkbox"/> seizures	<input type="checkbox"/> musculoskeletal disorder
<input type="checkbox"/> tuberculosis	<input type="checkbox"/> heart defect/disease	<input type="checkbox"/> hearing impairment
<input type="checkbox"/> kidney disease	<input type="checkbox"/> hypertension	<input type="checkbox"/> eyesight impairment
<input type="checkbox"/> mononucleosis in last 12 mos	<input type="checkbox"/> asthma	<input type="checkbox"/> bed wetting
<input type="checkbox"/> measles	<input type="checkbox"/> arthritis	<input type="checkbox"/> sleep walking
<input type="checkbox"/> rubella	<input type="checkbox"/> ear infections	<input type="checkbox"/> nosebleeds
<input type="checkbox"/> mumps	<input type="checkbox"/> bleeding disorders	<input type="checkbox"/> emotional disturbances
<input type="checkbox"/>	<input type="checkbox"/> other:	<input type="checkbox"/> other:

My daughter has permission to participate in all Girl Scout activities, except as noted by me. I give my permission for the adult in charge to give routine health care, transport her to medical care if needed, obtain emergency medical treatment, and administer any medications I may specify and provide.

Activity restrictions, if any: _____

Signature of Parent/Guardian _____ Date _____