

Girl Scouts Heart of Michigan

Girl/Adult Health History Form

To be completed annually by parent/guardian or adult participant. This form is confidential and to be kept with the individual's records. This information is requested on an annual basis so we can best take care of you/your daughter and ensure safety.

Participant Information:				
Name		Ph	one ()
Address	City	State		Zip
Parent/Guardian Information: She is under the custodial care of: ☐ Both Parents ☐ Mother/Guardian only				
Parent/Guardian Name:				
	Phone (evening)			
Email:				
Parent/Guardian Name:				
Address (if different than girl)				
Phone (day)	Phone (evening)		Cell # ()
Email:				
Emergency Contact Information In the event that I cannot be reached in an		to act in my behalf:		
Name:	Relatio	nship to Participant:		
	City			
	Phone (evening)			
	Relatio			
	City			
Phone (day)	Phone (evening)		Cell # ()
Health Care Information:				
	Phone #			
	City			•
	nsurance? Yes No If yes, please		-	
Inrough (employer)	Insured N	name (parent)		
Allergies: Check those that apply, speci	ify what reaction to look for and what trea	tment is recommende	ed.	
☐ Penicillin /Other Medications				
D.E. 1411 :				
☐ Bee/wasp/insect bites				·
☐ Plants (poison ivy, etc)				
☐ Animals (dogs, horses, etc)				
□ Other				
Immunization Status (Indicate Date)	o Tetanus o	Hepatitis B	о ТЕ	3
· ·				
Please list any medications take	en on a regular basis:			
Additional health conditions or I	imitations we should be aware	of:		
Consent and Permission to Trea In the event that reasonable attempts to co consent for the administration of any treatm information indicated on this form, why this	ntact me, or my designated emergency chent deemed necessary. This health hist	ory is complete and a	ccurate. I k	now of no reason(s), other than
Signature of parent/guardian:			Date	ş.