

Girl Health History and Permission Slip

GSHG FORMS (6/10)

This completed form, along with other necessary papers, must accompany adult chaperone during all events/trips/activities. Also, this necessary paperwork must be in vehicles transporting the girls to whom they refer.

Name:			Date of Birth:	Age: _	Troop#:
Last	First	In	iitial		
Parent/Guardian:			E-mail Addr	ess:	
Address:		City:	Sta	te:	Zip Code:
Home Phone:	Wo	ork Phone:	Cell Phone:		
Emergency Contact: Relation (Person to contact if Parent/Guardian cannot be reached)			nip to child:		Phone:
Family Physician:			Phone:		
Family Medical/Hospital Ins	urance Carrier:		Policy/Group #:		
Date of last health examina	Hypertension Diabetes tion: Co		Musculoskeletal Disorder Other: dical problems noted in last hergic reaction):	nealth exam	
	pi-pen? Yes	No If	yes, can she self-administer		No
Diseases (check those that Chicken Pox Measles	t apply) German Measle	es Mumps	Tuberculosis Other (sp	ecify)	
Immunizations (please init Immunizations are	ial) current and up to h	er school's star	ndards.		
Check those that apply and describe: Current care by a physician or psychologist			An illness lasting more than five (5) days Regularly taken over the counter medication		
Other Health Conditions (Motion sickness		ply). gimen	Hearing impairment Nosebleeds		ep disorders sses/contact lenses
Please explain any items ch conditions:			tion useful to the adult in cha	arge in relat	ion to these health
Please use other side if necessary Please indicate any activitie		or restricted			
routine tests, and treatment for th	ne health of my child, and te, secure proper treatme	in the event I canno ent for, and to order	cout troop activity may give permiss ot be reached in an emergency, I he r injection and/or surgery for my chi	reby give perm	nission to the physician selected
Activity		<u>Date</u>	Restrictions		
Signature:		I	I	Date:	