

# Girl Scouts of Southeast Florida

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## Girl Scout Health History Form

This health history is to be completed and signed by parents/guardians of girls. (Confidential)

Girl Name		Date of Birth		Age
Address		City	Zip	Troop #
Parent/Guardian		Phone		SS#
Home Address		City		Zip
Business Phone	Father	Mother		
In Emergency Notify (Name)		Relationship to Girl		
Address		City	Zip	Phone #
Name of Family Physician		Physician's Phone #		
Family medical/hospital		Policy or Group No.		
Insurance Carrier				

**Part 1: Illness and Injuries (check those that apply and give appropriate dates)**

Chronic or Recurring Illness

- Ear Infection                       Bleeding/Clotting Disorders                       Hypertension                       Asthma  
 Hearing Defect/Disease                       Musculoskeletal Disorders                       Seizures                       Diabetes  
 Convulsions                       Epilepsy                       Motion Sickness  
 Other (specify) \_\_\_\_\_ Date of last Tetanus shot or DPT \_\_\_\_\_

Date of Last Health Examination: \_\_\_\_\_ Operations or Serious Injuries \_\_\_\_\_

Were any complicating medical problems noted in last health exam?     Yes     No

Is girl currently under the care of a physician or psychologist?                       Yes     No

Please explain any "yes" answers to the above questions. \_\_\_\_\_

**Part 2: Allergies (check those that apply and specify nature of allergic reaction)**

- Animals \_\_\_\_\_                       Hay Fever \_\_\_\_\_                       Pollen \_\_\_\_\_  
 Food \_\_\_\_\_                       Medication \_\_\_\_\_                       Plants \_\_\_\_\_  
 Insect sting \_\_\_\_\_                       Other \_\_\_\_\_

List any other medical conditions. \_\_\_\_\_

**Part 3: Medications**

Is your child currently taking any medication?     Yes     No    If yes, describe the condition/disease and the medication and dosage she is taking. \_\_\_\_\_

Girl Scout Leaders are permitted to dispense medications, aspirin, Tylenol, and other drugs, provided by parents ONLY WITH WRITTEN PARENTAL INSTRUCTIONS. All medications are to be given to the leader in their original containers; none are to be with the Girl Scout for self-administration.

I know of no reason(s), other than the information on this form, why my daughter should not participate in prescribed activities except as noted.

\_\_\_\_\_  
 Signature of Parent/Guardian Date Signed