girl scouts of michigan shore to shore

# Girl/Adult Health History Form

This form must accompany an adult at every event/activity. Information should be updated on a regular basis.

844-GSMISTS • www.gsmists.org

❑ Girl Member ❑ Adult Member

Troop #: _____ or ❑ Individual Service Unit: _____

First Name: _____ Middle: _____ Last Name: _____

Mailing Address: _____ Apt #: _____ P.O. Box: _____

City: _____ State: _____ Zip: _____

Daytime Phone: (_____) _____ Cell Phone: (_____) _____ E-mail: _____

1. Parent/Guardian Name (Complete for Girl Form Only): _____
   Phone: (_____) _____ Cell Phone: (_____) _____
2. Parent/Guardian Name (Complete for Girl Form Only): _____
   Phone: (_____) _____ Cell Phone: (_____) _____

Name of Family Physician: _____ Phone: (_____) _____

Family Medical/Hospital Insurance Carrier: _____ Policy/Group #: _____

Family Dental Insurance Carrier: _____Policy/Group #: _____

**Health Information**

Age: _____ Immunizations up to date? ❑ Y ❑ N

Date of Last Tetanus Shot: / /

Date of Last Heath Examination: / /

Were there any medical problems at the time (if yes, explain)? _____

Has participant had any recent injuries or surgeries? ❑ Y ❑ N

If yes, please explain and specify date: _____

Does participant take any prescribed medications on a regular basis? ❑ Y ❑ N

If yes, please state medication and reason: _____

Is participant restricted or limited from participating in any physical activity? ❑ Y ❑ N

If yes, please explain: _____

Participant has the following health conditions/allergies (food and medications):

❑ ADHD ❑ Asthma ❑ Diabetes ❑ Headaches ❑ Seizures ❑ Other: _____

❑ Allergies (specify): _____

Emergency Contact (non-parent): _____ Relationship: _____

Phone: (____) _____ Cell Phone: (____) _____

Emergency Contact (non-parent): _____ Relationship: _____

Phone: (____) _____ Cell Phone: (____) _____

## Parent/Guardian Authorization:

I certify that this health form is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter/girl should not participate in the prescribed activities except as noted.. In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Michigan Shore to Shore to seek treatment for my child and/or dependent minor by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973, Section 14a.

Signature of Parent/Guardian: _____ Date: _____

## Adult Member Authorization:

I certify that this health history is complete and accurate. I am able to engage in all prescribed activities except as noted.

Signature of Adult Member: _____ Date: _____