

# HEALTH HISTORY

Name of Girl \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Girl's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of last doctor's visit \_\_\_\_\_

Family Medical/Hospital Insurance Carrier \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Is your daughter currently under a physician's care for a medical problem? If so, explain:

\_\_\_\_\_

List any allergies your daughter may have (i.e., pollen, insect stings, etc.)

\_\_\_\_\_

List all medications your daughter is currently taking.

\_\_\_\_\_

List any other health conditions (i.e., nosebleed, emotional disturbances, menstrual cramps, motion sickness, etc.). Please explain

**Note: This form stays at the troop level with the leader or the First Aider.**

Immunization	Year Primary Series Completed	Years of Last Booster	Immunization	Year Primary Series Completed	Years of Last Booster
D.T.P. (Diphtheria, Tetnus, Whooping Cough)			Oral Polio		
Measles			Rubella		
Mumps			Tuberculin Test	Type _____ Yr. Last Given _____ Results _____	
Hepatitis			Other		

**\*You may attach a copy of updated shot record.**

A written statement from your daughter's physician granting her permission to participate in strenuous activity, such as, water sports, horseback riding, skiing, hiking, non-contact sports, such as track, tennis, or gymnastics, is required if your daughter has not had a health examination in the previous two years.

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

## Girl Scouts Louisiana East

[www.gsle.org](http://www.gsle.org)

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**PARENT/GUARDIAN PERMISSION  
AND GIRL HEALTH HISTORY FOR  
TROOP OUTINGS  
20\_\_**

**Please print clearly.**

Girl's Name \_\_\_\_\_

Troop/Group No. \_\_\_\_\_ Service Unit No. \_\_\_\_\_

Leader's Name \_\_\_\_\_

Leader's Phone No. \_\_\_\_\_ Girl's Phone No. \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

A parent/guardian's signed permission is required for any troop activity away from the meeting place. Be sure to record the activity information and return this form to the leader.

Custody Type: (check one)  Both Parents  Mother only  Father only  Other \_\_\_\_\_

I have given my consent for my daughter to be a member of the Girl Scouts of the USA.

In the event of illness or injury of my daughter while under supervision of the Girl Scouts Louisiana East, I authorize the Council's leadership to obtain and/or provide medical treatment and services deemed necessary and appropriate under the circumstances. In connection with my authorization, I understand that the insurer of the Girl Scouts Louisiana East provides secondary coverage to the family's insurance coverage.

I consent that my daughter's name, image, and likeness, as shown in the videotapes, photographs, motion picture film and/or electronic images for which she posed, and/or audio recordings made of her voice may be used by Girl Scouts of the USA, its assigns or successors, in what ever way they desire, including television; they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic images, plates, tapes and software as they may desire free and clear of any claim whatsoever on my part.

\_\_\_\_\_  
Signature of Parent Guardian

\_\_\_\_\_  
Date

\*This form remains with the troop leader

GSLE 08/23

Please complete for each activity **NOT** conducted in your *regular meeting location*.

Date of Activity	Place of Destination	Time & Place of Departure	Time & Place of Return	Means of Transportation	Cost Per Girl	What to Bring or Wear	Adult in Charge	Name & Phone No. of Troop/Group Repr. Who Will Contact You in Case of Change in Plans or Emergency	Special Health Considerations for This Activity	Signature & Tel. No. of Parent/Guardian	If Parent/Guardian Cannot Be Reached, Name/Tel. of Person to Contact in Case of Emergency