

HEALTH HISTORY

Name of Girl _____ Date of Birth _____ Age _____

Address _____ State _____ 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.

Signature of Parent or Legal Guardian

Date

Girl Scouts Louisiana East

Corporate Headquarters
841 S. Clearview Parkway,
New Orleans, LA 70121-3119
504-733-8220 • 800-644-7571
F 504-733-8219

www.gsle.org

Regional Service Center
545 Colonial Drive,
Baton Rouge, LA 70806
225-927-8946 • 800-644-7571
F 225-927-8402



PARENT/GUARDIAN PERMISSION 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

