Girl Scouts.

Girl Scouts - Audubon Council

HEALTH HISTORY

Please print

Name:_____ Date of Birth _____
Last First Middle I

Address: _____
City State Zip

Phone_____ Troop #_____ Service Unit # _____

_____ _____ _____ _____
Mother's Name Home Phone Work Phone Cell/Pager#

_____ _____ _____ _____
Father's Name Home Phone Work Phone Cell/Pager#

Child is in custody of: ____ Both Parents ____ Mother ____ Father ____ Guardian

Health Insurance ____Yes____ No _____
Name of Insurance Company Policy or Certificate Number

HEALTH HISTORY - CHECK ALL THAT APPLY AND GIVE APPROXIMATE DATES:

__ Chicken Pox _____
__ German Measles _____
__ Measles _____
__ Mumps _____
__ Asthma
__ Diabetes
__ Ear Infections
__ Hearing Impairment
__ Heart Disease/Defect
__ Hyperactivity (ADD/ADHD)
__ Motion Sickness
__ Sinusitus
__ Glasses/Contacts
__ Other _____
__ Other _____

Comments/Explanations/Special Medical Needs:

_____

_____

ALLERGIES Reaction/Treatment

___ Animals _____
___ Food _____
___ Hay Fever _____
___ Insect Sting _____
___ Other _____
___ Other _____

MEDICATIONS (prescriptions, over-the-counter medications) currently taking:

Name Dosage Times Administered

_____

_____

_____

In the event of a need, over-the-counter medications that you will allow to be administered to your child, (i.e. Tylenol, Benadryl, Pepto-Bismol):

_____

_____

_____ _____
Parent/Guardian signature **Date**

Girl Scouts - Audubon Council 800-852-8421or (225)927-8946

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