



Girl Scouts.

Girl Scouts of Monterey Bay

HEALTH HISTORY RECORD

To be completed and signed by parent/guardian and updated annually

Name, Date of Birth, Age, Address, Troop No., Parent/Guardian, Phone, Home Address, Business Address, Phone

In Emergency Notify:

Name, Relationship, Address, Phone, Name of Family Physician, Phone, Family Medical Hospital, Address, Insurance Carrier, Group No., Member No.

Racial/Ethnic Information (Optional information to assist in serving our diverse community)

Spanish/Hispanic, American Indian/Alaskan Native, Asian/Pacific Islander, Black, White, Other

Part I: Illnesses and Injuries (Check all that apply and give appropriate dates)

Chronic or Recurring Illness:

- Ear infection, Heart defect/disease, Other, Bleeding/clotting disorders, Musculoskeletal disorders, Hypertension, Seizures, Asthma, Diabetes

Date of last health examination, Were any complicating medical problems noted in last health examination?, Are you currently under the care of a physician or psychologist?, Since last health exam, have you had: a serious injury requiring medical attention?, any prescribed or over-the-counter medication?, treatment in a hospital or emergency room?, any exposure to a contagious disease?, an illness lasting more than five days?, a surgical operation or fracture?, any restrictions concerning physical activities?, Please explain any "yes" answers to the above questions (include dates)

Part II: Allergies (Check all that apply and specify nature of allergic reaction)

- Animals, Hay fever, Pollen, Food, Plants, Insect stings, Medicines/drugs, Other (specify)

Part III: Other Health Conditions (Check all that apply)

- Bed wetting, Emotional disturbances, Constipation, Fainting, Menstrual cramps, Hearing impairment, Motion sickness, Sickle cell trait or disease, Nosebleeds, Special dietary regimen, Sleep disturbances, Wears glasses or contacts, Other (specify)

Please explain any items that are checked. Indicate any information useful to the person in charge in relation to any of these health conditions. Also, indicate any activities to be restricted:

Part IV: Immunization History

Table with columns: Immunization, Year Primary Series Completed, Year of Last Booster. Rows include D.P.T., Diphtheria, Pertussis, Tetanus, Td, Oral Polio, Measles, Mumps, Rubella, Hbpv, Other, Tuberculin test (result of most recent)

Parent Consent:

In the event of an emergency, every effort will be made to contact a parent or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Monterey Bay to seek treatment for my child or myself by a licensed physician under the Medical Practice Act, pursuant to Section 25.8 of the California Civil Code.

Signature of Parent/Guardian, Date