

GSCB Health History Form for Youth and Adults

This form is required to be completed at the beginning of the Girl Scout year. for Youth and Adult participants in order to attend **troop meetings and for domestic travel**.. For international travel, participants must complete the GSCB International Travel Health History form. The Troop leader must retain a copy of the GSCB Health History Form for each troop member and keep ALL information CONFIDENTIAL. PARTICIPANTS WILL NOT BE ABLE TO ATTEND WITHOUT THIS COMPLETED FORM. Adults completing this form may sign for themselves on the Parent/Guardian signature line.

I am filling this form out for: ___ Girl Scout ___ Adult Member

Does the individual have photo permission? ___ Yes ___ No

Contact Information:

First Name		Middle Name	
Last Name		D.O.B	
Custodial Parent/Guardian		Phone Number	
2nd Parent/Guardian		Phone Number	

If an emergency arises, and a parent/guardian cannot be reached, please contact the following people: (Adult participants please list emergency contacts here)

Emergency Contact #1 Name and Relationship		Phone Number	
Emergency Contact #2 Name and Relationship		Phone Number	

Health Information:

Name of Physician		Phone	
Insurance Carrier		Policy/ Group #	
Name of Primary Insured		Primary Insured DOB	

Please answer the following questions completely:

Does the participant have any health concerns we should be aware of? If so, please provide any important information, such as symptoms to watch for or care needs.
Does the participant have any emotional, psychological, or behavioral health concerns we should be aware of? If so please describe.
Does the participant have any specific dietary needs or restrictions? If so please describe.

Allergies:

Does the participant have any allergies? If so, please explain the cause, reaction, and how it should be handled. If they need an EpiPen, Inhaler, or Insulin please indicate if they can self-administer.
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Health Information Privacy Statement:

This Health History Record may be used solely for the benefit of the participant to provide adequate participant safety and healthcare. Access to this information will be limited. The Troop Leader shall retain this form for their records for one year. After one year, the Troop leader shall destroy this form.

Medical Release and Waiver

Please initial next to each statement:

	The above health history and medication details/instructions are accurate and complete to the best of my knowledge.
	I authorize for GSCB staff or volunteers to administer and store the provided medications per the provided dosage information and special instructions provided above.
	This form may be printed/photocopied.
	If any of the information provided changes, I will notify Troop Leader immediately.
	I give permission to medical personnel to provide necessary healthcare; to administer medications; to order X-rays, tests, and treatment; to release records necessary for insurance purposes; and to provide or arrange necessary related transportation.
	If parent/guardian or emergency contact cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization, and to order injections and/or anesthesia and/or surgery for the participant named above.
	I give permission for GSCB staff or volunteers to release this information to emergency responders, hospital personnel, pharmacy staff, etc. I understand that every effort will be made to contact the parent/guardian/emergency contact prior to admission.

In witness whereof, this release and waiver have been carefully read, and the contents of this document are understood by the undersigned. This release and waiver shall be effective for one year following the completion of the Health History Record completion date. I hereby waive and release the Girl Scouts of the Chesapeake Bay and all individuals, staff members, or volunteers working in connection with Girl Scouts activities from any possible claims for injury or property which might arise from the connection with me or my child's participation. I do not hold the Council responsible for any accident or illness which might occur. The undersigned freely execute this release and waiver on the date shown below.

Parent/Guardian(s) or Adult Participant Name(s): _____

Parent/Guardian(s) or Adult Participant Signature(s): _____

Date (mm/dd/yyyy): _____