

Girl Scouts, Tarheel Triad Council, Inc. Voluntary Health History Form

Please be advised that it is the responsibility of the parent/guardian (or adult participant) to complete this form and keep the Girl Scout Troop Leader/Advisor informed of any changes in the health status of the participant (girl or adult). Information from this Health History Form is confidential and will only be shared with persons who have a legitimate need to know as mandated by Federal Law. (Note: Completion of this form is voluntary. However, for some Girl Scout activities a health form and/or health examination is required.)

Name: _____ Date of Birth: _____

Address: _____

Date of Last Medical Exam: _____ Date of Last Tetanus: _____

Health Care Provider Name & Number: _____

Allergies: (Specify)

- () Animals _____
- () Medicine/Drugs _____
- () Food _____
- () Hay Fever/Pollen/Plants _____
- () Insect Stings _____
- () Other _____

Is there any other information we should know about your child's (or adult participant's) health?

If you have medical insurance, please complete the following:

Carrier: _____ Policy/Group #: _____

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OVER PLEASE

PARENT/GUARDIAN AUTHORIZATION:

This Health History Form is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of participation, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Signature of Parent/Guardian Date

Print name of Parent/Guardian: _____

Address: _____

City, State, Zip Code: _____

Phone number: Home () _____ Work () _____ Ext. _____

Cell/Pager: () _____

If consent is needed for Emergency or Non-Emergency treatment or for other matters, and I cannot be reached, the following person is authorized to act on my behalf:

Name: _____

Address: _____

Telephone Contact Numbers: _____

HEALTH INFORMATION PRIVACY STATEMENT

The Health History Form is for health care concerns only. All information will be handled by Girl Scouts, Tarheel Triad Council, Inc. staff/volunteers that have a legitimate need to know as mandated by Federal Law. The privacy of health information is very important. Girl Scout leaders/volunteers have been instructed to keep health information in a secure place. The Girl Scout or her legal representative may request a copy of the Health History Form from the Girl Scout Leader/Advisor.

I have read the above procedures for handling the Health History Information and I agree to the release of this information and the handling thereof as described above.

Signature: _____ Date: _____
Parent/Guardian

Signature of Participant if over 18 years of age: _____ Date: _____