girl scouts of southern arizona

Adult Health History Record

Completed form can be saved, printed, and/or submitted through e-mail.

Adult's Information

name	daytime phone	evening phone	
date of birth age	e-mail		
address	city	st	zip
emergency contact's name	daytime phone	evening phone	
relationship	e-mail		
address	city	st	zip
physician's name	phone		
insurance provider	policy / group #		

Illnesses & Injuries, Chronic or Recurring Illness

Check all that apply.

- ☐ Ear infection
- ☐ Heart defect / disease
- ☐ Other:
- ☐ Bleeding / clotting disorder
- ☐ Musculoskeletal disorder
- ☐ Hypertension
- ☐ Seizure
- ☐ Asthma
- ☐ Diabetes

Allergies

Check all that apply, and specify the nature of allergic reaction.

- ☐ Animals:
- ☐ Insect stings:
- ☐ Pollen:
- ☐ Medicine / drugs:
- ☐ Plants:
- ☐ Other:
- ☐ Food:
- ☐ Hay fever:

Other Health Conditions

Check all that apply.

- ☐ Emotional disturbances
- ☐ Fainting
- ☐ Motion sickness
- ☐ Sleep disturbances
- ☐ Nose bleeds
- ☐ Special dietary needs
- ☐ Hearing impairment
- ☐ Menstrual cramps
- ☐ Other:
- ☐ Sickle cell trait or disease
- ☐ Wear glasses or contact lenses

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Indicate any activities to be encouraged or restricted. Please attach additional documentation as needed.

Signatures

☐ Yes, this health history is correct, and I am able to engage in all prescribed activities except as noted above.

adult signature	date

☐ Yes, in case of illness or injury while on a Girl Scout activity, I give my consent for emergency medical treatment in the emergency room of the nearest hospital.

adult signature	date

☐ Yes, I give my consent for certified First Aiders to administer first aid treatment in case of illness or accident while on a Girl Scout activity.

adult signature	date

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