girl scouts of southern arizona

Medical History Form for Event

To be completed by parent or guardian.

Applicant's Information

name (last, first mi)		date of birth	
address	city	st	zip
troop leader's name		troop #	
emergency contact name (parent/guardian)			
relationship	day phone	evening phone	
address	city	st	zip
physician's name	phone		
insurance provider	policy / group #		

Health History of Applicant

Check all that apply.

☐ Eyesight impairment	☐ Heart defect / disease	☐ Arthritis	☐ Intestinal disorders	☐ Hearing Impairment
☐ Rheumatic fever	☐ Diabetes	☐ Abnormal blood pressure	☐ Speech impairment	☐ Chicken pox
☐ Tuberculosis	☐ Measles	☐ Allergies to medications	☐ Disorders of nervous system	☐ Hernia
☐ Mumps	☐ Sinusitis	☐ Disease of ears	☐ Mental or emotional disorders	☐ Other serious allergies
☐ Hay fever or asthma	☐ German measles	☐ Disease of kidneys	☐ Severe menstrual pain	

☐ Yes, applicant has been hospitalized in the last five years. ☐ Yes, applicant takes medication.

If any of the above have been checked, give nature, dates, period of any disability, and results:	
List any special dietary needs:	
Medications to be taken at camp: (All prescribed medications must be in original container.)	Name of medication / When to be given

Physical Exam

Check all that apply since last physical exam:

☐ A serious injury ☐ Illness lasting longer than one week ☐ Surgery or fracture ☐ Physician-prescribed medication to be taken on a regular basis

Date of last physical exam:	Doctor:

Check all that apply:

☐ A general physical limitation on activity ☐ A condition that limits activity for this event/assignment ☐ A chronic disease ☐ Overweight condition, restricting activity ☐ A condition limiting swimming, hill climbing, and other strenuous activities	Explain any limitations:

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MedicalHistoryFormforEvent.January 2013

Immunizations

Fill in the valid immunizations and date the applicant last had them. Only those requested on the announcement of the event/assignment are required.

- ☐ Smallpox ..... date
- ☐ Tetanus ..... date
- ☐ Typhus ..... date
- ☐ Polio (complete series or booster) ..... date
- ☐ Rocky Mountain Spotted Fever (entire series) ... date
- ☐ German measles ..... date
- ☐ Typhoid and Paratyphoid ..... date
- ☐ Cholera ..... date
- ☐ Yellow Fever ..... date
- ☐ Gamma Globulin (hepatitis) ..... date
- ☐ Other: ..... date

Family Physician

name			phone
address	city	st	zip

Signature

☐ Yes, as a parent or legal guardian of this child, I give my permission for her to attend camp and to participate in all activities. I certify that to the best of my knowledge my daughter is in good health and able to participate at camp. I understand that my daughter cannot bring medication to camp unless it is prescribed by a doctor and is in the original container. My daughter may be transported out of camp for program activities. I give my permission for my daughter to receive medical treatment in case of injury or illness en route to, from, or during camp.

☐ Yes, the Council has my permission to use photographs, video, and/or audio recordings of my daughter for public relations purposes.

adult signature	date

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