girl scouts of southern arizona

Adult Health History Record

Completed form can be saved, printed, and/or submitted through e-mail.
Leaders should keep this form in their records and bring to all events.

Adult's Information

name		daytime phone	evening phone
date of birth	age	e-mail	
address		city	st / zip

Emergency Contact & Insurance/Physician

name	relationship	phone	
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
- ☐ Intestinal disorders
- ☐ Chicken Pox
- ☐ Other:
- ☐ Bleeding / clotting disorder
- ☐ Musculoskeletal disorder
- ☐ Hernia
- ☐ Hypertension
- ☐ Seizure
- ☐ Nervous system disorders
- ☐ Asthma
- ☐ Diabetes
- ☐ Arthritis

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

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.

4300 East Broadway Boulevard., Tucson, AZ 85711 | 520.327.2288 | 800.331.6782 | fax 520.795.3318 | GirlScoutsSoAz.org

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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