

## Girl Scout Health History

### PART I: Illness and Injuries (check all that apply)

Chronic or recurring illness: \_\_\_\_\_

Date of your Girl Scout's last examination \_\_\_\_\_

- |                                       |  |   |  |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Seizures                   | <input type="checkbox"/> Kidney Disease        |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Musculoskeletal Disorder   | <input type="checkbox"/> Heart Disease/Defect  |
| <input type="checkbox"/> Arthritis    | <input type="checkbox"/> Lyme Disease  | <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Other (specify) _____ |

|     |    |
|-----|----|
| Yes | No |
|-----|----|

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were any complicating medical problems noted in the last examination? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your Girl Scout currently under a physician's care?                |

Since the last health exam, has your Girl Scout had:

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | serious injury requiring medical attention?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | illness lasting more than five days?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | surgical operation or fracture?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | medication prescribed by a physician to be taken on a regular basis? |
| <input type="checkbox"/> | <input type="checkbox"/> | treatment in a hospital as an in-patient or in the emergency room?   |
| <input type="checkbox"/> | <input type="checkbox"/> | any restrictions concerning physical activity?                       |

Please explain any "yes" answers to the above questions. Include dates: \_\_\_\_\_

If you have indicated a "yes" reply to any of the above questions, a written statement from your Girl Scout's physician granting permission to participate in strenuous activity such as water sports; horseback riding; skiing; hiking; or non-contact sports such as track, tennis, or gymnastics is required.

### PART II: Allergies (check all that apply) Specify causal agent and nature of reactions, e.g. penicillin causes hives.

- |  |   |
|--|---|
| <input type="checkbox"/> Animals _____       | <input type="checkbox"/> Medicine/drugs _____ |
| <input type="checkbox"/> Food _____          | <input type="checkbox"/> Plants _____         |
| <input type="checkbox"/> Hay fever _____     | <input type="checkbox"/> Pollen _____         |
| <input type="checkbox"/> Insect stings _____ | <input type="checkbox"/> Other _____          |
- What actions should be taken? \_\_\_\_\_

### PART III: Other health conditions (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> hearing impairment                      | <input type="checkbox"/> menstrual complications  | <input type="checkbox"/> orthodontic                  |
| <input type="checkbox"/> appliances sickle cell trait or disease | <input type="checkbox"/> emotional disturbances   | <input type="checkbox"/> bedwetting                   |
| <input type="checkbox"/> fainting                                | <input type="checkbox"/> motion sickness          | <input type="checkbox"/> wears contact lenses/glasses |
| <input type="checkbox"/> sleep disturbances                      | <input type="checkbox"/> special dietary regiment | <input type="checkbox"/> nosebleeds                   |
| <input type="checkbox"/> other (specify) _____                   |   |   |

Please explain and indicate any information useful to the adult in charge in relation to any of the above health conditions. Indicate any activity to be encouraged or restricted: \_\_\_\_\_

### Part IV: Immunization History (or attach current immunization record)

Year Primary Series Completed

Year of Last Booster

|                                 |       |       |
|---------------------------------|-------|-------|
| DTaP / DTP / DT (please circle) |       |       |
| Tdap                            | _____ | _____ |
| MCV (Meningococcal)             | _____ | _____ |
| IPV (Polio)                     | _____ | _____ |
| MMR                             | _____ | _____ |
| Hepatitis B                     | _____ | _____ |
| Varicella (Chicken Pox)         | _____ | _____ |

### Part V: Sunscreen and Insect Repellent

As a parent/caregiver, I accept responsibility for teaching my Girl Scout how to apply sunscreen and insect repellent, and will make sure they are appropriately dressed for outdoor activities. I will provide sunscreen and insect repellent.

**Annual Permission Form**    *October 1, 20\_\_\_\_\_ to September 30, 20\_\_\_\_\_*

*Complete this form annually at the time of registration. This is retained by the Troop/Group Leader. Parent/caregiver should keep a copy of this form and the attached Health History for use when their Girl Scout is attending an event without her troop.*

|  |                       |                       |
|--|-----------------------|-----------------------|
| Name of Girl Scout                     | Date of Birth         | Troop #               |
| Address                                | City                  | State      Zip        |
| Printed Name of Parent(s)/Caretaker(s) | Relationship to Child |                       |
| Email Address                          | Primary Phone         | Secondary Phone       |
| Emergency Contact Name                 | Emergency Phone       | Relationship to Child |
| Emergency Contact Name                 | Emergency Phone       | Relationship to Child |

Please list adults that are permitted to pick up your daughter from Girl Scout activities, in the event you are unable to. These individuals must be different from your emergency contacts:

|      |            |   |
|------|------------|---|
| Name | Cell Phone | Yes    No<br><i>Receive text messages</i> |
| Name | Cell Phone | Yes    No<br><i>Receive text messages</i> |

 Yes     No

**Permission for Troop and Council-Sponsored Activities:** My daughter/ward has permission to travel to, attend and participate in troop and council-sponsored activities that are 1) located within the Council's jurisdiction and 2) not considered high risk activities.

Initials \_\_\_\_\_

 Yes     No

**Permission to Participate in Product Programs:** My daughter/ward has permission to participate in the fall product and cookie programs, including online programs. I agree to accept full responsibility for all product ordered and all money she receives and to assist her in making prompt payment for product entrusted to her. I understand that all money collected by my daughter/ward belongs to Girl Scouts of Eastern Missouri and her Girl Scout Troop and is not to be retained by individuals as their property. I understand that product cannot be returned or exchanged. I understand that my daughter/ward may not take product orders before the official start of the product program as determined by Girl Scouts of Eastern Missouri. Any parent or volunteer with an outstanding Troop Late Payment Report or delinquent balance owed to Girl Scouts of Eastern Missouri will have a restriction of No Funds Handling placed on their account. A No Funds Handling restriction prevents the parent or volunteer from participating in any role that is responsible for managing product or funds, including having access to bank accounts. Because unpaid balances can serve to reduce our resources to provide services to girls, we pursue all debts vigorously. Failure to successfully resolve debts in a timely manner can result in prosecution.

Initials \_\_\_\_\_

 Yes     No

**Permission for Emergency Medical Treatment:** In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Eastern Missouri to seek treatment for my daughter/ward by a licensed physician pursuant to Missouri law (RsMO 431.061.1). I know of no reasons why my daughter/ward may not participate in prescribed activities except as noted on the Health History Form.

Initials \_\_\_\_\_

 Yes     No
**Media Permission**

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

Initials \_\_\_\_\_

- I hereby grant to Girl Scouts of Eastern Missouri ("GSEM"), and its successors and assigns (each a "Releasee"), the irrevocable, royalty free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my name, picture, likeness and voice (including any video footage of the same), testimonials (written by me or attributed to me), interviews (written by me or attributed to me) (collectively, "Media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by GSEM, for any purpose including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, in-store and via television. I agree that I have no interest or ownership in any of the Media.
- I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my name, picture, likeness and voice. I agree that nothing in this Release will create any obligation on GSEM to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releasees from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this Release and any use of the Media by GSEM.

 A completed Girl Health History form on the reverse side is required.

**Special Accommodations:** My Girl Scout requires the following special accommodations (write "none" if there are none):

**Parent/Guardian Agreement:** I have read and understand the Girl Scout Health History and Annual Permission Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/group leader.

Signature of Parent/Caregiver \_\_\_\_\_

Date \_\_\_\_\_

Participant's Name \_\_\_\_\_



## Girl Scout Health History Addendum

*Complete this form annually at the time of registration. This is retained by the Troop/Group Leader. Parent/caregiver should keep a copy of this form and the attached Health History for use when their Girl Scout is attending an event without her troop.*

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Eastern Missouri takes every safety and preventative precaution, Girl Scouts of Eastern Missouri can in no way warrant that COVID-19 infection will not occur through participation in Girl Scouts of Eastern Missouri programs.

Signature of Parent/Caregiver: \_\_\_\_\_

Date: \_\_\_\_\_