girl scouts of orange county

# Girl Health History and Annual Permission Form

**October 1, 20____ to September 30, 20_____**

**Please print** This form must be completed and signed by parents/guardians of all girls, at time of registration, and given to the leader only. Information on this side is confidential and is only shared with those caring for the girl, such as a first aider. Parents are responsible to provide an updated Health History Form in the event that any of this information changes.

| Girl's name: | Phone: ( ) | Name and phone of family physician: ( ) |
|---|---|---|
| Family medical/hospital insurance carrier: | Policy or group no. | Name and phone of family dentist: ( ) |

Date of last health examination: _____ List any activities to be restricted: _____

**Please note any health conditions or concerns to consider during activities or when providing care:**

☐ Asthma ☐ Bleeding/clotting disorders ☐ Diabetes ☐ Hearing impairment ☐ Heart defect/disease ☐ Seizures
☐ Chronic Headaches/Migraines
☐ Other (specify) _____
☐ Other (specify) _____
☐ Other (specify) _____

**Adaptive devices:**

☐ Glasses/contact lenses ☐ Hearing aids ☐ Mobility Device ☐ Other (specify) _____

**Allergies — please specify exposure risk (ingestion/inhalation/touch), reaction and treatment, as appropriate:**

☐ Animals _____ ☐ Food _____
☐ Hay fever/plants/pollen _____ ☐ Insect stings _____
☐ Medicines/drugs _____ ☐ Other _____

**Dietary needs — describe any practices to be followed:** _____

**Immunization history:** I affirm that my daughter/dependent has all immunizations required by California public schools (see https://cchealth.org/immunization/school-requirements.php) ☐ Yes ☐ No Date of last Tetanus/DPT immunization: _____

**Required or restricted medications:**

- My daughter/dependent needs or may need any of the following medications administered, e.g., inhaler, epinephrine injector, insulin or specific accommodations during her activity participation with her troop or individually. Please note if your child has permission to carry their own medication. (Write "None" if there are none.) _____
- I will provide the following medications for my daughter/dependent. I understand all medications must be in their original packaging and must have written instructions. Prescription medications must include physician instructions. (Write "None" if there are none.) _____
- Physicians, nurses, health professionals or first aiders *may not* administer the following medicines or treatments: (Write "None" if there are no restrictions.) _____

In case of sickness or accident, I/we give permission for medical attention and the administration of medication and treatment as prescribed by the girl's physician or as determined by an available physician, nurse, health professional or first aider.

I know of no reason, other than the information indicated on this form, why my daughter/dependent should not participate in prescribed activities except as noted. If I cannot be reached in the event of any emergency, the troop's leadership may act on my behalf by providing for emergency medical treatment and/or transportation.

**Optional permission to give over-the-counter medications or protective products:**
I give permission to any first aider(s) to administer the following non-prescription medications to my daughter, according to package directions.

| Over-the Counter Medication | Permission | Initials | Over-the Counter Medication | Permission | Initials |
|---|---|---|---|---|---|
| Acetaminophen (such as Tylenol) | ☐ Yes ☐ No | | Neomycin (such as Neosporin) | ☐ Yes ☐ No | |
| Ibuprofen (such as Advil) | ☐ Yes ☐ No | | Dimenhydrinate (such as Dramamine) | ☐ Yes ☐ No | |
| Calcium carbonate (such as Tums) | ☐ Yes ☐ No | | Sunscreen | ☐ Yes ☐ No | |
| Bismuth subsalicylate (such as Pepto Bismol) | ☐ Yes ☐ No | | Insect Repellant | ☐ Yes ☐ No | |
| Pseudoephedrine (such as Sudafed) | ☐ Yes ☐ No | | Other | ☐ Yes ☐ No | |
| Diphenhydramine (such as Benadryl) | ☐ Yes ☐ No | | Other | ☐ Yes ☐ No | |

**Signature of parent/guardian**_____ **Date** _____

**Print name of parent/guardian**_____

*Complete Annual Permission section, on reverse. Questions or concerns about this form should be directed to the troop leader, or to customercare@girlscoutsoc.org.*