PARTICIPANT IS ☐ girl ☐ adult   ALLERGY ALERT (see Part 1 below) ☐ Yes ☐ No

Girl/Adult HEALTH HISTORY (Girl Scouts of Virginia Skyline Council)

Participant's Last Name   First Name   Middle Name   Preferred Name

Date of Birth: Present age: GS Troop Number:

Address: City   State   Zip

Primary Emergency Contact Name: Phone Number (Area Code)
Relationship to Participant   E-mail:

Alternate Emergency Contact Name: Phone Number (Area Code)
Relationship to Participant   E-mail:

Name of Family Physician: Phone Number (Area Code)
Date of last health examination:

☐ Yes ☐ No Do you carry family medical/hospital insurance?
Carrier
Policy ID#

Were any complicating medical problems noted in last health examination? (Explain)

Name of Dentist/Orthodontist   Phone Number (Area Code)

Part 1: Allergies (check those that apply and list nature of allergic reaction)

☐ No known allergies
☐ Animals:
☐ Food:
☐ Hay fever:
☐ Insect Stings:
☐ Medicines/drugs:
☐ Plants:
☐ Pollen:
☐ Other (specify):

Part 2: Illnesses, Injuries, and Health Conditions (check those that apply)

☐ ADHD/ADD
☐ Arthritis
☐ Asthma
☐ Bedwetting/sleep disturbances
☐ Bleeding/clotting disorders
☐ Constipation
☐ Diabetes
☐ Eating disorders
☐ Ear infection
☐ Fainting spells
☐ Hearing impairment
☐ Heart defect/disease
☐ Hypertension
☐ Kidney disease
☐ Menstrual cramps
☐ Motion sickness
☐ Musculoskeletal disorders
☐ Nosebleeds
☐ Seizures/convulsions
☐ Sickle cell trait or disease
☐ Sinusitis
☐ Special dietary regimen
☐ Wears glasses/contact lenses
☐ Other (specify):

Part 3: Other Health Information

Are there any physical conditions for which special arrangements need to be made? ☐ Yes ☐ No
If so, what?

Special medical or dietary regimen to be followed (specify):

Are there any psychological/emotional/behavioral situations that might arise (e.g., death in family, divorce, phobias, etc.)?

Additional information needed by adult leader about this participant:

(continued on page 2)

Participant's Name (Last, First, Middle): ____

Part 4: Immunization History

☐ Yes ☐ No All immunizations are up-to-date (for minors)

Date of most recent tetanus shot: (month/year) _____/____

☐ The participant is exempt from immunizations. It is respectfully requested that the participant be exempted from all pre-activity physical examination, vaccination and/or immunization requirements in connection with Girl Scout activities. To the best of my knowledge and belief, the participant is and has been in normal good health and is free from all communicable diseases.

Part 5: Medication

Is the participant currently taking medication on a regular basis? ☐ Yes ☐ No

If yes, what and for what?

Will the participant be taking medication at the Girl Scout program? ☐ Yes ☐ No

If yes, medication must be in the original container, with participant's name, and placed in a sealed plastic bag. Medications (with exception of epi-pens, inhalers, over-the-counter insect repellant, sunscreen, and anti-itch lotion/ointment) will be given to the adult in charge for the duration of the activity.

Please check medications that may be given to the participant (medications available will vary by program):

- ☐ Acetaminophen (such as Tylenol)
- ☐ Antihistamine (such as Benadryl/Claritin/Zyrtec)
- ☐ Simple antacid (such as Tums/Pepto-Bismol)
- ☐ Ibuprofen (such as Motrin/Advil/Midol)
- ☐ Hydrocortisone cream (for skin rash/itching)
- ☐ Antibiotic ointment (such as Neosporin)
- ☐ Expectorant (such as Robitussin)
- ☐ Motion Sickness (such as Dramamine)
- ☐ Topical pain reliever (such as After Bite)
- ☐ Sunblock (to be applied by girl)
- ☐ Bug spray (may contain DEET)
- ☐ Calamine lotion (for skin itching)
- ☐ Decongestant (such as Sudafed)
- ☐ Anti-diarrhea (such as Imodium)
- ☐ Aspirin (adults only)
- ☐ Swimmers' Ear/alcohol-vinegar solution
- ☐ Other (specify):

Part 6: Signature (please check each statement. If box is not checked, approval is given)

☐ Yes ☐ No I am the parent/legal guardian of the minor named above and the minor is presently under my care, custody, and control (for minors only).

☐ Yes ☐ No The participant is physically fit and able to participate in the Girl Scout programs, including summer camp. To the best of my knowledge, the above information is complete and accurate.

☐ Yes ☐ No I give permission for the adult in charge to dispense medication as indicated in Part 5 above.

☐ Yes ☐ No ☐ N/A The participant has been trained in the use of: ☐ Auto-injector ☐ Inhaler and may carry their own device and self-administer as necessary. The participant is aware of the symptoms that necessitate its use, and will alert the adult in charge before, during, and/or immediately after using the device.

☐ Yes ☐ No Should an emergency arise, I will be notified immediately. If I cannot be reached, I direct that the alternate emergency contact be notified.

☐ Yes ☐ No Notwithstanding anything to the contrary herein, in the event of an emergency, GSVSC, its employees, agents and representatives and any third parties providing emergency medical services (including, but not limited to, emergency medical response personnel, doctors and hospitals, as applicable), are hereby authorized and directed to take such measures as they deem to be reasonably necessary and appropriate to provide appropriate medical care and treatment to the participant.

The following person(s) have permission to pick up ____________________ from troop meeting/program/camp.

NAME	PHONE NUMBER	RELATIONSHIP

____

Signature of Parent/Guardian or Adult Participant Printed Name Date

Girl Scouts of Virginia Skyline Council, Inc.

GIRL SCOUT MEDICAL EXEMPTION APPLICATION

(complete only if medical exemption is being requested (i.e. due to decision not to vaccinate)

____
(Name of Girl Scout)

I do hereby certify that I am the parent/legal guardian of the Girl Scout named above (the "Girl Scout"). The Girl Scout is presently a minor. I hereby certify and acknowledge that said minor is presently under my care, custody, and control.

It is respectfully requested that the Girl Scout be exempted from all pre-activity physical examination, vaccination and/or immunization requirements in connection with Girl Scout activities. To the best of my knowledge and belief, she is and has been in normal good health and is free from all communicable diseases.

In consideration of these exemptions, it is understood that I accept complete responsibility for the health of this minor. I understand the risks associated with failing to receive such physical examinations, immunizations and/or vaccinations, but nevertheless request that the Girl Scout be exempted from these requirements.

It is further understood that should an emergency arise, I will be notified immediately. If I cannot be reached, I direct that the alternate emergency contact be notified.

Notwithstanding anything to the contrary herein, in the event of an emergency, the Girl Scouts of Virginia Skyline Council, Inc., its employees, agents and representatives and any third parties providing emergency medical services (including, but not limited to, emergency medical response personnel, doctors and hospitals, as applicable), are hereby authorized and directed to take such temporary measures as they deem to be reasonably necessary and appropriate to provide appropriate medical care and treatment to the Girl Scout.

____
Signature of Parent or Guardian

Street: _______________________________________

City: ____

State: ______________________ Zip: ____________

Day Phone: (   )   - _______________________

Evening Phone: (   )   - ___________________

Email: ____

2072 – 3/2017 (E)