girl scouts san diego

Health History and Release

Camps: _____

Dates: _____

Name (last) _____ (first) _____ Phone (_____)_____ E-mail _____

Address _____ City_____ Zip_____ Date of Birth _____

Relationship Key: M=Mother/Stepmother, F=Father/Stepfather, GP=Grandparent, O=Other.

Emergency/Transportation Contacts – Must include Parent/Guardian or person completing form

Name	Relationship	Day Phone	Evening Phone	Cell Phone	Is this person an Emergency Contact? Yes	Is this person an Emergency Contact? No	My daughter may be released to this person Yes	My daughter may be released to this person No
		( )	( )	( )				
		( )	( )	( )				
		( )	( )	( )				
		( )	( )	( )				
		( )	( )	( )				

Accommodations are needed for/there is a history of:

☐ ADHD/ADD	☐ Frequent colds	☐ Nosebleeds
☐ Arthritis/joint problems	☐ Frequent ear infections	☐ Pediculosis (lice)
☐ Asthma	☐ Frequent headaches	☐ Rheumatic fever
☐ Autism spectrum	☐ Frequent sore throats	☐ Sickle cell anemia
☐ Bed wetting	☐ Hearing impairment	☐ Sleep walking/disorder
☐ Behavior challenges	☐ Heart disease	☐ Stomach upsets
☐ Constipation/diarrhea	☐ Kidney trouble	☐ Tuberculosis
☐ Diabetes	☐ Learning disability	☐ Wears contact lenses
☐ Eating disorder	☐ Menstrual cramps	☐ Wears dental/orthodontia appliance
☐ Emotional disturbance	☐ Mononucleosis	☐ Wears glasses
☐ Fainting	☐ Motion sickness	☐ Other (specify)
☐ Epilepsy/seizures	☐ Night terrors	_____

Please explain care/treatment of any items checked above. Indicate any information useful in relation to these health conditions. _____

_____

_____

_____

_____

_____

Are there legal custodial issues to be aware of?

☐ Yes ☐ No If yes, please explain. _____

_____

_____

In case of emergency:

Physician's name/phone # _____

Dentist's name/phone # _____

Allergies – List all Known

Medication allergies	Reaction or symptoms	Management or Treatment
_____	_____	_____
_____	_____	_____
Food allergies		
_____	_____	_____
_____	_____	_____
Other allergies (include insect stings, hay fever asthma, animal dander, etc.)		
_____	_____	_____
_____	_____	_____

Attach separate sheet if necessary

RESIDENT CAMP ONLY To be completed by parent and returned to council prior to June 1. If registering after June 1, this must be turned in 3 weeks prior to camp. ***Mail: Girl Scouts San Diego, 1231 Upas St., San Diego, 92103/ scan and e-mail to camp@sdgirlscouts.org/ fax: (619) 795-6930/ drop off***

-over-

DAY CAMP ONLY One Health History form MUST BE BROUGHT to the first day of camp. Form may be photocopied for each camp camper is attending.

Describe any current health conditions or complicating medical problems requiring medication, treatment, special restrictions while participating in Girl Scout activities or in the event of an emergency.

_____

_____

Immunization History

Are the required school immunizations up to date? ☐ Yes ☐ No Hepatitis A ☐ Yes ☐ No Chicken Pox Vaccine ☐ Yes ☐ No (Has had chicken pox ☐ Yes ☐ No)

Whooping Cough ☐ Yes ☐ No Meningitis ☐ Yes ☐ No Date of last tetanus shot _____(mm/yy) **Please do not send Immunization Record.**

Is your daughter currently:

☐ receiving psychological counseling
☐ under a physician's care
☐ taking prescription medication
☐ taking over-the-counter medication
☐ taking vitamins on a routine basis
☐ restricted in physical activity

In the last year, has your daughter had:

☐ an injury/illness requiring medical attention
☐ a surgical operation or fracture
☐ restrictions from participation in physical education
☐ an illness lasting longer than 5 days
☐ hospital treatment
☐ exposure to contagious disease

Please explain any items checked above _____

_____

List past medical treatment such as operations, treatment for serious injuries, diseases or disabilities, hospitalizations and dates. _____

_____

Has your daughter been instructed in the menstrual cycle? Yes ☐ No ☐ Begun menstruation? Yes ☐ No ☐

Any medical or dietary regimen to be followed? _____

Prescription medications or orthodontic appliances in use (be sure to label each item with child's name for trips and sleepovers): _____

Explain any restrictions to activities; what cannot be done, what adaptations or limitations are necessary? _____

_____

This health history is complete and accurate. I know of no reason(s) other than the information indicated on this form, why my daughter should not participate in strenuous activities such as swimming, horseback riding, and hiking except as noted: _____

This box must be completed to participate in any Girl Scout activity. * If for any religious reason you cannot sign this, contact council for the alternate form.

I give permission for my daughter to receive over-the-counter medications.

☐ Yes ☐ No ☐ Yes, except _____

I give permission for my daughter to receive medication prescribed by a physician, in the event of sudden illness or injury.

☐ Yes ☐ No ☐ Yes, except _____

In order to best serve and keep safe our campers, Girl Scouts reserves the right to request a heath exam for any camper.

As parent or guardian for _____, a minor, I give permission for the adult in charge to take my child to a medical facility if necessary and/ or provide basic first aid. In case of emergency, if those named above cannot be contacted, I consent to treatment for my daughter under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code.

_____ (_____)_____ _____

Parent/Guardian Signature Phone Date

ACA HW5 HW7 OM19

GC:SS:mlm
PGO-1507W 5/13/13