

PATHWAYS HEALTH HISTORY FORM

The Troop Leader must retain a copy of Health History Form for each troop member and keep ALL information CONFIDENTIAL. Adults completing this form may sign for themselves on the Parent/Guardian signature line. Submit this form on or before the event. PARTICIPANTS WILL NOT BE ABLE TO ATTEND WITHOUT THIS COMPLETED FORM.

Name:	Last	First			Middle		D.O.E	3. /	Age		
									-		1-
Street Address			(()		tate/Zip	()	Ma (Male ()		nale
Custodia	Parent/Guardian		Day/\	Work I	Phone)	Evening/Home F	Phone (Cell/Mol	oile Ph	one
2 nd Parent/Guardian			Day/\	Work I	Phone Ev		Evening/Home F	Evening/Home Phone Cell/N		Mobile Phone	
Street Ad	dress			City/State/Zip							
If not available in emergency, notify							Relationship Phone			,	
Insurance Information: Is the participant covered by family medical/hospital insurance? Yes No											
If yes, indicate carrier or plan name				(Group	#	◆ Photocopy				
AL (1		insurance card must be attached to this form. Describe reaction and management of the reaction.									
Please explain any "yes" answers, noting the number of the questions:											
GENERAL QUESTIONS (Explain "yes" answers below.)											
На	s/does the participant	SENERAL QUE	Yes	No	laiii	yes allswe	is below.j			Yes	No
1. Ha	d any recent injury, illness or inf				15.	Ever been c	liagnosed with a h	neart murmur?			
	U						ck problems?				
3. Ever been hospitalized?						Ever had problems with joints (e.g. knees, ankles)?					
	4. Ever had surgery?					Ever had high blood pressure?					
5. Have frequent headaches?						Have any skin problems (e.g., itching, rash, acne)?					
6. Ever had a head injury?					20.	Have diabetes?					
7. Ever been knocked unconscious?					21.	Have asthma? Have mononucleosis in the past 12 months?					
Wear glasses, contacts or protective eyewear? Ever had frequent ear infections?											
Ever passed out during or after exercise? Ever been dizzy during or after exercise?						If female, have an abnormal menstrual history?					
12. Ever had seizures?						Have a history of bed-wetting?					
13. Ever had chest pain during or after exercise?					27.	Ever had an eating disorder?					
Have an orthodontic appliance being						Ever had emotional difficulties for which					
brought to the program?					28.	professional help was sought?					
	the following has the participan	t had?					-				
☐ Measles ☐ Hepatitis A ☐ German measles ☐ Hepatitis B ☐ Chicken Pox ☐ Hepatitis C ☐ Mumps											
	Please give all dates of immunization for: Month/year M			Month/year		/lonth/year	Month/year	Month/year	onth/year Month/ye		ar
	nus/diphtheria)								-		
Tetanus	ido, dipritricria,										
Polio											
MMR											
	easles										
Or Mu											
Or Ru											
	hilus influenza B										
Hepatitis											
Varicella (chicken pox) Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which we should be aware:											
		·									
	some of your girls favorite things (act										
What are some things that make your girl upset or uncomfortable?											
That are some things we can do, or remember to provide your girl, to moure the best possible girl scout experience!											
Important – SIGNATURE REQUIRED FOR ATTENDANCE Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp / Girl Scouts of the Northwestern Great Lakes, Inc. to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp / Girl Scouts of the Northwestern Great Lakes, Inc. to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp / Girl Scouts of the Northwestern Great Lakes, Inc. to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.											

Date

Signature of Parent or Guardian or Adult Volunteer/Camper/ Staffer