

Girl Scouts of Citrus Council, Inc.
GSUSA GIRL HEALTH HISTORY

This part to be filled in by parent.

Name (Last, First, Initial)		Parent or Guardian			Phone(s)	
Address	City or Town	State	Zip	Birth	Age	Sex
In Emergency Notify		Address			Phone (s)	

Health History: (Check those that apply)

Diseases	Allergies	Chronic or Recurring Illness	Suggestions From Parent:
Chicken Pox	Animals _____	Arthritis	My daughter has permission to take or use the following: Tylenol/Acetaminophen Advil/Ibuprofen Sudafed/decongestant Benadryl/antihistamine Pepto Bismol Tums/antacid Robitussin/expectorant
German	Food _____	Asthma	
Measles	Hay Fever _____	Bleeding Disorders	
Kidney	Insect Stings _____	Diabetes	
Measles	Medicine/Drugs _____	Ear Infections	
Mumps	_____	Heart Defect/Disease	
Rheumatic fever	Plants _____	Hypertension	
Tuberculosis	Pollen _____	Lymne disease	
Other _____	Other (specify) _____	Musculoskeletal Disorders	
_____	_____	Seizures	
		Sinusitis	
		Other _____	

Please describe conditions and give dates:

Operations or serious injuries: _____
 Hospitalizations: _____
 Other diseases/disabilities: _____

Comment where applicable:

Fainting _____ Sleep disturbances _____
 Bed wetting _____ Menstrual cramps _____
 Constipation _____ Nosebleeds _____
 Emotional disturbances _____ Other _____

Specific activities to be encouraged _____ Activities to be restricted _____

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

This health history is complete and accurate. My daughter has permission to engage in all prescribed activities, except as noted by me. **A health examination within the preceding 24 months is required for participation in a trip of more than three nights (page 39 – Safety-Wise).**

Signature of Parent/Guardian _____ **Date** _____

