Health History Record - Children

REGISTRATION WILL NOT BE ACCEPTED UNLESS ALL SECTIONS ARE COMPLETED AND FORM IS **NOTARIZED**

Please Print or Type

Camper's Name: _____ Age: _____
Last *First*

Part I: Illness and Injuries (check all that apply and give appropriate dates)

Chronic or Recurring Illness:
☐ Ear Infection ☐ Heart Disease ☐ Bleeding/Clotting Disorders
☐ Asthma ☐ Hypertension ☐ Musculoskeletal Disorders
☐ Seizures ☐ Diabetes ☐ Other_____

Date of last physical examination: *Month*____*Year*_____ Dr. Name:_____ Dr. Phone:_____

Health Insurance Carrier: _____

Since last health exam, has participant had:
• a serious injury/illness requiring medical attention? ☐ Yes ☐ No
• the care of a physician or psychologist? ☐ Yes ☐ No
• recent exposure to a contagious disease? ☐ Yes ☐ No
• restrictions in physical activities? ☐ Yes ☐ No
• any prescribed/ over-the-counter medications? ☐ Yes ☐ No

Please explain any "yes" answers to the above questions, include dates: _____

Part II: Allergies (check all that apply)
☐ Food _____ ☐ Plants _____
☐ Insect Stings _____ ☐ Medicines/Drugs _____
☐ Hay Fever _____ ☐ Animals _____
☐ Pollen _____ ☐ Other _____

Part III: Other Health Conditions (check all that apply)
☐ Constipation ☐ Nosebleeds ☐ Fainting
☐ Emotional Disturbances ☐ Menstrual Cramps ☐ Sickle Cell Trait or Disease ☐ Hearing Impairment
☐ Special dietary regimen ☐ Wears glasses or contacts ☐ Other_____

Please explain any items that are checked. Indicate any information useful to the adult in charge about any of these health conditions. Also, indicate any activities to be encouraged or restricted. _____

List any medications needed at camp:_____

May be given/applied?

Acetaminophen (Tylenol)	☐ Yes	☐ No	Calamine Lotion	☐ Yes	☐ No
Ibuprofren (Advil)	☐ Yes	☐ No	Benedryl	☐ Yes	☐ No
Antiseptic Ointment	☐ Yes	☐ No	Insect Repellent	☐ Yes	☐ No

Part IV: Immunizations - Full Dates (day/month/year) are required by the Texas Health Department.

You may attach an immunization record from your doctor.	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diptheria, Tetanus, Pertussis (DTP/DtaP)					
Tetanus Diptheria (Td) (Tetanus Booster)					
Measles, Mumps, Rubella (MMR)					
Polio (OPV/IPV)					
Hepatitis B					
Chicken Pox (Varicella)					
Haemophilus influenzae type b (Hib)					
Pneumococcal vaccine (PCV/PPV)					
Hepatitis A					
Tuberculin Result:					

Parent/Guardian Statement: This health history is complete and accurate. I know of no reason(s), other than indicated on this form, why my daughter/child should not participate in camp activities except as noted. **I authorize the Girl Scout adult in charge to consent to medical treatment when either I or my assignee cannot be contacted.** I understand that every effort will be made to contact me before such action. I assume financial responsibility for emergency care if such care is not covered by GSUSA Activity Accident Insurance.

Parent/ Guardian Signature: _____ Date: _____

BE SURE to have this form NOTORIZED

Notarization: Sworn to and subscribed before me at _____ Texas,

this _____ day of _____20_____. _____

Notary Public in and for the County of _____ Texas.