



Girl Scouts of West Central Florida
Health Examination Form
For Girls and Adults

This Health Examination Form should be carried with the troop/group at all times. See Volunteer Essentials, and Safety Activity Checkpoints, as indicated under each activity for information about health examinations.

Please Print

Name: Date of Birth: Age: Troop #:

Name of Parent/Guardian (or Spouse):

Home Address: City: Zip:

Business Address: City: Zip:

Daytime Phone: Evening Phone:

If unavailable in an emergency, notify:

1. Name: Phone:

Address: Relationship to girl:

2. Name: Phone:

Address: Relationship to girl:

Health History

Medical Conditions:

- Asthma
Bed wetting
Behaviorial/mental health concerns
Bleeding/clotting disorders
Diabetes
Hearing impairment
Heart disease
High blood pressure
Fainting
Learning/cognitive delay
Musculoskeletal disorders
Prior hospitalization
Prior serious injury
Prior surgery
Seizures
Sleep disturbances
Speech impairment
Visual impairment
Other:

Allergies:

- Animals
Food
Carries epipen
Knows how to self-administer epipen
Insect stings
History of anaphylaxis
Medications
Seasonal
Takes allergy medication
Other environmental
Other:

Special Dietary Needs:

- Egg allergy
Gluten intolerant/ceciac
Lactose intolerant
Peanut/tree nut allergy
Vegetarian
Vegan
Other:

Please elaborate on any positive responses (attach addendum if necessary).

Four horizontal lines for providing additional information.

Health History, Continued

Medications/Vitamins/Supplements

Please list any medications, vitamins, or supplements including their doses and frequency.

Will the parent/guardian be sending medication(s)? Yes No Only if applicable

Medications must be in the original container/prescription container which includes the patient's name and medication instructions. Only send enough medication for the length of the activity. All instructions must be reviewed with the troop leader or first aider in advance of the activity.

Provider Information

Name of family physician/psychologist: _____ Phone: _____

Do you carry family medical/hospital insurance? Yes No

If yes, indicate carrier: _____ Policy or Group #: _____

Note: Your family insurance is primary coverage.

Immunization History

Please indicate your girl's immunization status.

No routine immunizations have been received.

Some routine immunizations have been received. Which ones: _____

All routine immunizations have been received.

Activities

Please initial the following statements as applicable.

____ My child may take part in swimming activities.

____ Ear drops (alcohol/vinegar solution) may be administered after swimming.

____ My child should be restricted from or have accommodations made for the following activities: _____

____ My child will have their own sunscreen.

____ I understand that sunscreen will not be provided.

Additional comments: _____

Important: The following section must be completed for participation.

This health history is correct so far as I know, and the person herein described has permission to engage in all activities except as noted by me.

COVID-19 Precaution

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of West Central Florida takes every safety and preventative precaution, Girl Scouts of West Central Florida can in no way warrant that COVID-19 infection will not occur through participation in council programs. I accept full responsibility for my/my child's decision regarding safety protocols and exposure to COVID-19 risks, such as choosing not to wear masks or social distance regardless of my COVID-19 vaccination status.

Parent/Guardian Signature

Date