

Girl Health History Record

	Girl Scouts.	
clair •	North Branch . Weetfield .	www.achni.org

PLEASE PRINT - TO BE COMPLETED A Girl's Name			•			
AddressStreet Telephone	Apt. #	•	•			
Troop Leader's Name		Telephone				
Mother's Name						
	Day Time Telephone					
•	Telephone Telephone					
Family Medical/Hospital INSURANCE CA						
Part I: Illnesses and Injuries (check all f □ Asthma			ertension			
□ Bleeding/Clotting Disorders	□ Diabetes	I unc	g Disease			
			ey Disease			
□ Conditions of the bones or joints	□ Epliepsy □ Heart Defect/Dis		ey Disease			
□ Convulsions □ Other (specify)		ease				
Date of last health examination		re any complicated medicated	al problems noted? Yes N			
If yes, please explain		•	•			
Part II: Allergies (Check those that apply	and treatment)	□ Check Here for No	Known Allergies			
□ Animals □ M			d			
	ay Fever		en			
□ Insect Stings □ O	ther (specify)					
%	(Please complete the bac	ck of this form.)				
PLEASE PRINT - TO BE COMPLETED A			Montclair · North Branch · Westfield · www.gsh SU#Troop#			
Girl's Name		Bi	irth Date			
Address						
Telephone	Apt. #	City State School	•			
Troop Leader's Name						
Mother's Name						
		,				
•		Telephone				
·		Telephone ER Policy or Group #				
Family Medical/Hospital INSURANCE CA						
Part I: Illnesses and Injuries (check all I	Diabataa		appropriate dates) ertension			
□ Astnma □ Bleeding/Clotting Disorders	⊔ בומטפופּס		g Disease			
□ Conditions of the bones or joints			ey Disease			
□ Convulsions	□ Epilepsy □ Heart Defect/Dis	LINUII ease	o, 5100000			
□ Other (specify)						
Date of last health examination			al problems noted? □ Yes □ N			
If yes, please explain		, , , , , , , , , , , , , , , , , , ,	,			
Part II: Allergies (Check those that apply	14 4 0	- Charle Hara for No.	Known Alleraies			
I dit ii. Alielyles (Check those that abbit	and treatment)	□ Check Here for No i	KIIOWII Alici qica			
□ Animals □ M □ Plants □ H	ledicines/Drugs		den			

Part III: Other Health Conditions (C	heck those that	apply)				
□ Attention Deficit Disorder (ADD)	□ Hearing Impa		□ Sleep Disturband			
□ Bed Wetting	□ Menstrual Cr		□ Special Dietary N			
□ Dental Braces	□ Motion Sickn	ess	 □ Visual Impairment □ Wears Glasses or Contact Lense 		•	
□ Down's syndrome□ Emotional Disturbances	□ Nosebleeds□ Obesity		□ Wears Hearing A		5	
□ Fainting	□ Sickle Cell T					
Part IV: Immunization History			_ (
<u>Immunization</u>		Year Primary S	eries Completed	<u>Yea</u>	ar of Last Booster	
DPT -Diphtheria/Pertussis (Whooping Co	ough)/Tetanus		·			
Td						
Measles						
Mumps Rubella						
Oral Polio						
Hbpv						
Tuberculin Test (most recent) Result		Other (specify)				
EMERGENCY CONTACT OTHER TI						
Name	Day/Eve	ening Telephone		Relations	hip	
Name						
Activity Restrictions						
I know of no reason(s) other than activities, except as noted.				I not participate	in general Girl Scout	
Signature:				Date		
Montclair Service Center (973)746-8200 2/10	North Branch Service Center (908)72501226			Westfield Service Center (908)232-3236		
Part III: Other Health Conditions (C Attention Deficit Disorder (ADD) Bed Wetting Dental Braces Down's syndrome Emotional Disturbances Fainting	heck those that Hearing Impa Menstrual Cr Motion Sickn Nosebleeds Obesity	apply) airment amps ess	□ Sleep Disturband □ Special Dietary N □ Visual Impairmen □ Wears Glasses d □ Wears Hearing A □ Other (specify)	ces Needs nt or Contact Lense:		
Part IV: Immunization History						
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DPT -Diphtheria/Pertussis (Whooping Co	ougn)/Tetanus					
Measles						
Mumps						
Rubella						
Oral Polio						
Hbpv		011 ('(')				
Tuberculin Test (most recent) Result						
EMERGENCY CONTACT OTHER TI						
Name Day/Evening 1						
Name				Relations	ship	
Activity Restrictions						
I know of no reason(s) other than to activities, except as noted.	hose indicated	on this form, w	hy my child should	I not participate	in general Girl Scout	
Signature:				Date		
Montclair Service Center North Branch Service Center			Westfield Service Center			

(973)746-8200 _{2/10}

(908)72501226

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