

## Health and Permission Card

*Completed by parent/guardian and reviewed with physician at time of examination*

Name (Last, First, Initial)	Parent or Guardian	Date of Birth	Age
Address	City	State	Zip Code
(Area Code) Phone	Cell Phone	E-mail Address	
Emergency Contact	Emergency Phone	Troop #	

### HEALTH HISTORY (Check those that apply)

Allergies (Specify)

- Animals \_\_\_\_\_
- Foods \_\_\_\_\_
- Hay Fever \_\_\_\_\_
- Insect Stings \_\_\_\_\_
- Medicine/Drugs (list) \_\_\_\_\_
- \_\_\_\_\_
- Carries Epi-pen? For \_\_\_\_\_
- Plants \_\_\_\_\_
- Pollen \_\_\_\_\_

Chronic or Recurring Illness

- Ear Infections
- Heart Defect/Diseases
- Seizures
- Bleeding/Clotting Disorders
- Asthma
- Hypertension
- Diabetes
- Musculoskeletal Disorder
- Other (Specify) \_\_\_\_\_

Other Health Conditions

- Bed Wetting
- Constipation
- Menstrual Cramps
- Motion Sickness
- Nosebleeds
- Sleep Disturbances
- Emotional Disturbances
- Fainting
- Hearing Impairment
- Sickle Cell Trait or Disease
- Special Dietary Needs
- Wears Glasses or Contact Lenses
- Other (Specify) \_\_\_\_\_

Year of last tetanus booster \_\_\_\_\_

Is applicant's immunization record up to date? YES or NO

Date of last health examination \_\_\_\_\_

List daily medications \_\_\_\_\_

Please explain any items that are checked above. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be restricted. \_\_\_\_\_

Doctor _____	Preferred Hospital _____
Insurance Provider _____	Policy Number _____

**PARENT/GUARDIAN AUTHORIZATION:** This health history is complete and accurate, and the person herein described has my permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician named above, or if not available, to the physician selected by the adult in charge, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. **Please update and sign annually.**

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

~ **HOLD HARMLESS AGREEMENT** ~

I hereby release and hold harmless Girl Scouts—Dakota Horizons from any and all claims or liability arising from, out of or associated with my child's participation in the activity (s) listed on this card. My signature should be placed next to each event on the back of this form evidencing my release of the Council, its agents and employees as to that specific activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_