girl scouts of colorado

FOR CAMP USE ONLY
Session Name _____
Session Code _____
Session Dates _____

ADULT HEALTH HISTORY

Name _____ ☐ Male ☐ Female Phone (H) _____ (W) _____ Birthdate _____
Address _____ City _____ State ___ Zip _____

IN CASE OF EMERGENCY, NOTIFY:
Name _____ Phone (H) _____ (W) _____
Address _____ City _____ State ___ Zip _____

Date of Last Health Exam _____ Physician's Name _____ Physician's Phone _____
Were there any complicating medical problems noted? _____

IF SWIMMING, HORSEBACK RIDING OR STRENUOUS ACTIVITIES ARE TO BE A PART OF THE PROGRAM, A STATEMENT FROM A LICENSED PHYSICIAN AS TO YOUR GENERAL CONDITION AND YOUR ABILITY TO PARTICIPATE IN ALL PROGRAM ACTIVITIES MUST ACCOMPANY THIS FORM.

HEALTH HISTORY:
Please check and give dates if you have any of the following conditions:

☐ Ear Infections _____
☐ Convulsions _____
☐ Diabetes _____
☐ Heart Defect/Disease _____
☐ Bleeding/Clotting Disorder ____
☐ Hepatitis B Carrier _____
☐ Hypertension _____
☐ Musculoskeletal Disorder _____
☐ Plant/Pollen Allergies _____
☐ Insect Sting Allergy _____
☐ Drug Allergies (specify) _____
☐ Other Allergies (specify) _____
☐ German Measles _____
☐ Mumps _____
☐ Asthma _____
☐ Chicken Pox _____
☐ Other _____

Date of last Tetanus booster _____
Details of above conditions _____

Other health conditions: (Check all that apply)

☐ Frequent constipation
☐ Menstrual cramps
☐ Sleep disturbances
☐ Special dietary regimen
☐ Emotional disturbances
☐ Fainting
☐ Hearing impairment
☐ Wear glasses
☐ Wears contact lenses

Please explain items checked: _____
Are there other health concerns the Health Supervisor/Troop Leader should be aware of? ☐ Yes ☐ No If yes, explain _____

Are you currently under the care of a physician or psychologist? ☐ Yes ☐ No
Are you currently taking any medication? ☐ No ☐ Yes If yes, please list _____

Since your last health examination, have you had: (Give dates and explain)

☐ A serious injury requiring medical attention? _____
☐ Treatment in a hospital or emergency room? _____
☐ An illness lasting more than five (5) days? _____
☐ A surgical operation or fracture? _____
☐ Any restrictions concerning physical activities? _____

Do you consider yourself to be in good health and able to participate in normal program activities? ☐ Yes ☐ No
If no, please explain _____

Dietary considerations _____

If I am exposed to contagious disease in the three weeks prior to event/program, I will notify the director. To the best of my knowledge, this health history is correct.

IN CASE OF EMERGENCY, I GIVE MY PERMISSION TO PERSONS REPRESENTING GIRL SCOUTS OF COLORADO TO SEE THAT I RECEIVE APPROPRIATE EMERGENCY MEDICAL OR SURGICAL TREATMENT, AND/OR HOSPITALIZATION IF NECESSARY. IT IS UNDERSTOOD THAT EVERY EFFORT WILL BE MADE TO REACH THE PERSON NAMED ABOVE.

Signature _____ Date _____