

Girl Scouts of Mitten Bay
5470 Davis Road Saginaw, MI 48604-9499

Girl Health Information Card

To Be Completed by Parent/Guardian. Required for participation in water sports, horseback riding, skiing, hiking, non-contact sports such as track, tennis, gym nastics, and other physically demanding activities.

Name _____ Troop # _____ Date of Birth ___/___/___

Address _____ City _____ Zip _____

County _____ Phone [H] (_____) _____

Phone (W) (_____) _____

Person to notify in an emergency if parents cannot be reached:

Name _____ Phone # (_____) _____

Health History					
Problem or Condition	Yes	No	Problem or Condition	Yes	No
Allergies/reactions to food, medications, other			Shortness of breath		
Hay fever, asthma, or wheezing			Speech problems		
Eczema or frequent skin rashes			Hearing problem		
Convulsions, seizures			Diabetes		
Heart trouble			Menstrual difficulties		
Frequent colds, sore throats, earaches			Dental problems		
Trouble passing urine or bowel movements			Sleep walking		
Fainting			Bed wetting		
Upset stomachs			Sunburn		

Please explain any problem areas identified above and list allergies or reactions:

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GIRL SCOUTS OF MITTEN BAY
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Date of most recent Tetanus immunization: _____

Does your daughter take medication regularly? yes no

If yes, please list medication.

Note: Medication needed during Girl Scout events, must be in original container.

Medication: _____ Reason for medication: _____

Medication: _____ Reason for medication: _____

Please list any specific activities to be avoided/any recent injuries or illnesses: _____

Parent Authorization:

This health history is correct as far as I know My daughter is in good health at this time and has permission to engage in all event activities unless I have indicated otherwise.. In case of emergency where I cannot be reached, I hereby give my permission for the Girl Scout adult in charge to secure emergency medical and surgical treatment, and non-surgical medical care for me while participating in approved Girl Scout events.

Date: _____ Parent/Guardian signature: _____



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