



Girl Scouts of the Missouri Heartland, Inc.

# Health History Form

This form is needed if a participant is registered as:

- An individual for a council-sponsored event
- A participant for physically demanding activities (e.g., water sports, horseback riding, or skiing, etc.)

See Volunteer Essentials for more information.

## Participant Information

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle initial

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Emergency Information

In case of emergency, contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Medical Center/Preferred Hospital \_\_\_\_\_

## Health History

Date of participant's last health examination: \_\_\_\_\_

Were there any complicating medical problems noted in the last health examination?  Yes  No

If yes, please explain: \_\_\_\_\_

**ALLERGIES** (List all known medications, foods, insect bites/stings, plants/pollens such as ragweed, poison ivy, etc.) \_\_\_\_\_

**CHRONIC RECURRENT ILLNESS** (Include heart disease, seizures, bleeding disorders, asthma, diabetes, etc.) \_\_\_\_\_

**OTHER ISSUES** (Include issues such as nosebleeds, menstrual cycle, hearing impairment, etc.) \_\_\_\_\_

**Does the participant have any special needs?** (Includes physical, emotional, food-based, etc.)

Yes  No If yes, please list: \_\_\_\_\_

Please indicate any activities that need to be encouraged or restricted: \_\_\_\_\_

**By my signature below, I indicate that this person is in satisfactory condition and may engage in all the usual activities of this program, except as noted above.**

Signature of Parent/Guardian or Adult Participant \_\_\_\_\_ Date \_\_\_\_\_

Girl Scouts of the Missouri Heartland, Inc.

T 877-312-4764 ● F 417-862-4120 ● www.girlscoutsmoheartland.org ● gscouts@girlscoutsmoheartland.org

