



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 Last First Middle initial Date of Birth

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.

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