Health History for Fayette-Jessamine Girl Scout Day Camp

Scout Name(Last, First MI):_____

Date of birth: _____ Age:___ Sex:___ Home Phone#_____

Parent/Guardian Name: _____ Cell/work Phone#:_____

Parent/Guardian Name: _____Cell/work Phone#:_____

Allergies AND Reaction to allergy:

__Insects _____

__Environmental (pollen, trees…)_____

__Medications_____

__Food _____

__Other_____

Will your child need to carry any medication with them at camp? Yes/No

If yes, what is the name and dose of medicine?_____

When should it be used and how often? _____

All prescription medication needs to have the pharmacy label attached.

History of Illness or Health Concerns:

__Asthma __Heart Disease __Syncope/Fainting

__Anxiety/Behavior __Kidney Disease __Other

__Ear Infections __Urinary/Bladder

__Diabetes __Seizures

Please describe (frequency, signs/symptoms):_____

_____

****Immunization record must be attached****

Date of last Tetanus Vaccine: _____

Emergency Contact if parent/guardian cannot be reached:

Name/relation:_____ Phone#_____

Primary Care Physician: _____ Phone# _____

Insurance Company: _____ Policy #_____

Current Medications (please include dose and frequency of use):

_____

Any health information you would like camp staff to be aware of:

I understand that the information that is on this form will be used to keep my child safe and in the event of an accident will be used to seek medical treatment. I hereby give permission to the staff representative(s) at the Wilderness Road Girl Scout Council and/or the troop/group leader(s) and/or chaperone(s) of my child to seek emergency medical treatment due to an accident or illness while participating in Girl Scout activities.

I understand I will be notified as soon as possible. In the event, I am unreachable; I authorize the hospital and/or physician(s) to administer treatment to my child; and release of any records necessary for insurance purposes. I understand that I am responsible for any balance that is incurred from the hospital and/or physician.

Print Parent/Guardians Name _____

Parent/Guardian Signature _____