girl scouts of northern illinois

Camper Health History Form

Session____ Dates ______________________

Name (Last, First, Initial)				Sex	Birth Date
Address	City or Town	State	Zip	Phone	
				( )	
In Emergency, Notify Name	Address		Relationship		Phone
					( )
In Emergency, Notify Name	Address		Relationship		Phone
					( )

Insurance Information

Carrier	ID Number	Group Number
Member Services Phone Number	Address	
( )		

Physician Information

Name of Primary Physician		Date of Last Exam
Phone Number	Address	
( )		

Health History – *Please provide as much information about the following to ensure the best care possible for your camper:*

Childhood Diseases
- ☐ Chicken Pox
- ☐ German Measles
- ☐ Kidney Disease
- ☐ Measles
- ☐ Mumps
- ☐ Rheumatic Fever
- ☐ Tuberculosis

Physical, mental, or psychological conditions (Please comment below)
- ☐ ADD/ADHD
- ☐ Arthritis
- ☐ Asthma
- ☐ Bedwetting
- ☐ Bleeding Disorders
- ☐ Constipation
- ☐ Diabetes
- ☐ Ear Infections
- ☐ Emotional Disturbances
- ☐ Fainting
- ☐ Heart Defect/Disease
- ☐ Hypertension
- ☐ Menstrual Cramps
- ☐ Musculoskeletal Disorders
- ☐ Nosebleeds
- ☐ Seizures
- ☐ Sinusitis
- ☐ Sleeping Disturbances
- ☐ Other__________________
- ☐ Other__________________

My daughter has permission to take or use the following:
- ☐ Advil/Ibuprofen
- ☐ Aloe/After Sun Relief
- ☐ Benadryl/Antihistamine
- ☐ Calamine Lotion/Itch Relief
- ☐ Cough Drops
- ☐ Imodium/Anti-Diarrheal
- ☐ Midol/Menstrual Cramp Relief
- ☐ Neosporin/Anti-Biotic Ointment
- ☐ Pepto/Digestive Relief
- ☐ Robitussin/Expectorant
- ☐ Sudafed/Decongestant
- ☐ Tums/Antacid
- ☐ Tylenol/Acetaminophen

All immunizations required by school are up to date (circle): Yes No (exemption letter must be attached) Date of last Tetanus Shot:____________

Allergies: ☐ No know allergies ☐ Allergic to (include food, medication, environment, etc.):______________________________

Reaction to allergy/management of allergy: ______________________________

Recent injuries, operations, hospitalizations (Please include dates):______________________________

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Physical, mental, or psychological conditions (Comment on those marked above):______________________________

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Restrictions: ☐ Camper can participate in camp activities without restrictions

☐ Camper can participate in camp activities with the following restrictions: ______________________________

CAMPER MEDICATIONS

Please complete a "Summer Camp – Medication Log" to list all medications including over the counter and as needed medications.

INFORMATION PRIVACY STATEMENT

The **Girl Health History Form** is for health care concerns at the specified event only. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. This health form will be retained by the sponsoring council or by GSUSA until it is destroyed. All forms/records with noted treatment will be retained for seven years past the age of maturity of the participant. Access to the information will be limited, but copies may be requested from the event sponsor by the participant or their legal representative.

I have read the above procedures for handling the health form information and I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I authorize emergency medical treatment be given if needed for illness or injury. This health history is complete and accurate. I give permission to engage in all prescribed activities, except as noted.

Parent/Guardian Signature ______________________________________ Date ____________________

Health forms are considered part of the permanent camp record and cannot be returned. Please keep a copy.