girl scouts of ohio's heartland

Annual Girl Health History Form

Troops must always keep this form with the troop.

October 1, 20__ to September 30, 20__

This form must be completed and signed by parents/caregivers of all girls at the time of registration and given to the troop volunteers only. Information is confidential and should only be shared with those caring for the girl, such as a first aider.

Girl's Name		Name and phone of family physician	
Family medical insurance carrier		Name and phone of family dentist	
Policy or group number:	Troop Number:	Date of Birth:	Grade:
Address:		Girl's phone (if applicable)	
Parent/caregiver name(s)	Parent/caregiver(s) phone number:	Parent/caregiver email(s)	
Parent/Caregiver address(es) if different than the girl		Relationship(s) to girl	
Name of responsible person, other than above to contact in an emergency	Responsible person's Phone #	Relationship(s) to girl	

Date of last health examination: _____ List participant restrictions, if any: _____

	Physical restrictions		**Asthma**		**Bleeding disorders**		**Diabetes**
	Heart defect/disease		**Convulsions/ epilepsy**		**ADD/ADHD**		**Headaches/migraines**
	Sinus infections		**Eating disorders**		**Nosebleeds**		**Menstrual issues**
	Sleep disturbances		**Emotional difficulties**		**Behavior disorders**		**Recent surgeries**

List any others:

Explain in detail answers marked yes above:

	Animals		**Food**
	Seasonal		**Insect Stings**
	Medicines		**Other**

Dietary needs:_____

Immunization History: I affirm that my daughter/dependent is up to date on immunizations ___ yes ___ no

Required or restricted medication

Medication	Reason	Dosage	Frequency

My girl may be given: □ Aspirin □ Benadryl □ Ibuprofen □ Neosporin □ Tylenol □ None

My girl uses an: □ Inhaler □ EpiPen

Consent or non-consent to treat (choose one):

Section 1 – Consent to Medical Treatment

Authorization to permit medical treatment: By signing below, I hereby give permission to the Girl Scouts of Ohio's Heartland Council, Inc. (Girl Scouts), their employees, members, or volunteers to provide routine first aid, supervise self-medication and to seek medical assistance on the behalf of my Girl Scout in the event my Girl Scout is injured or becomes ill, and I am unavailable to indicate my wishes regarding treatment. I understand that Girl Scouts of Ohio's Heartland Council, its members, volunteers or employees shall not be held responsible for the cost of the treatment, and, in fact are authorized to bind me as the financially responsible party for the medical treatment received. I hereby grant permission to the physicians, emergency personnel and other licensed health care providers and their designees to administer medical care through injury or illness evaluation, first aid care and referral to duly licensed medical personnel when indicated. I authorize the release of all information contained in the Annual Girl Health History Form to treatment providers and will hold Girl Scouts of Ohio's Heartland Council, Inc, its members, volunteers or employees in no way responsible for the release of this information to any party.

Date Granted: _____ Signature of Parent/Guardian: _____

Section Two: I do not Consent to Medical Treatment

By signing below, I indicate that Girl Scouts of Ohio's Heartland Council, Inc. (Girl Scouts), its volunteers, members or employees are not authorized to allow the administration of health care to my child in the event of injury or sickness. I will not, however, hold the Girl Scouts, its employees, members or volunteers liable in any way when seeking emergency care in life threatening medical emergencies where the delay would risk the child's life or permanent health nor for providing health information from the Annual Girl Health History Form to emergency personnel.

Date Granted: _____ Signature of Parent/Guardian: _____

Hold Harmless Agreement:

In consideration of my, and my Girl Scout's opportunity to participate in Girl Scout events, I on behalf of myself, my Girl Scout (including any and all other persons who do or are entitled to act as a parent, legal guardian, legal custodian, or act in loco parentis to my Child), and all of my and my Girl Scout's heirs, executors, administrators and assigns acknowledge the potential inherent risks and dangers associated with the participation in Girl Scout activities that cannot be eliminated regardless of the care taken to avoid injuries. Understanding the nature of such risks, I agree to INDEMNIFY and HOLD HARMLESS Girl Scouts of Ohio's Heartland Council, Inc., its associates, agents, volunteers and officers/directors, from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney fees brought as a result of my involvement in Girl Scout activities and to reimburse them for any such expenses that are incurred.

The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I state and acknowledge that I am an adult, being at least 18 years of age, and am competent, capable, and legally able to and hereby voluntarily sign this hold harmless agreement on behalf of myself and my Girl Scout. I further state and acknowledge that I have fully read and understand this agreement and fully agree with all its terms and conditions.

Date: _____Signature of parent/caregiver _____

Rev. August 2026