

Girl Scouts, Hornets' Nest Council 7007 Idlewild Rd, Charlotte, NC 28212 704-731-6500, 800-868-0528, www.hngirlscouts.org

Health History Form - Girl or Adult - Confidential

This health history is to be completed and signed by parents/guardians of girls or by adult members themselves. *NOTE: A health history is required for trips and participation in physically demanding activities, such as water sports, horseback riding, or skiing. A trip lasting more than three nights requires a health examination in addition to a health history, GSHNC approval, and additional insurance coverage – See Volunteer Essentials at hngirlscouts.org.

Day Phone Evening Phone	Bed Wetting Me Nosebleeds Em Hearing Impairment Spe Constipation Mo	otional Disturbances ecial Dietary Regimen tion Sickness	Measles Mumps Rubella (German Measles)			
Cell Phone Email	□ Bed Wetting □ Me □ Nosebleeds □ Em □ Hearing Impairment □ Spe	otional Disturbances ecial Dietary Regimen	Measles Mumps Rubella (German Measles)			
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Home Address Cell Phone Emergency Contact Name – OTHER THAN PARENT/GUARDIAN Relationship	Name of Family Physician		Phone			
Home Address Cell Phone Email	Address		Phone			
·	Emergency Contact Name – OTHER THAN PARENT/GUARDIAN		Relationship			
Parent/Guardian Day Phone Evening Phone	Home Address		Cell Phone	Email		
	Parent/Guardian		Day Phone Evening Phone			
Address Troop No.	Address		Troop No.			
Name Date of Birth Age	Name		Date of Birth Age			

Date: ____

This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.

Signature of Adult: