Farthest North Girl Scout Council
431 Old Steese Highway, Suite 100
Fairbanks, AK 99701
T 907 456 4782
F 907 452 2320
program@gsak.org

girl scouts

Camp Jessie Bloom 2020

Health History & Health Examination Form

Full payment & Health Forms due Monday, June 8th

PLEASE PRINT CLEARLY

Girl's Name: _____ Birth Date: _____ Age: _____

Mailing Address: _____

Street Address: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Doctor or Clinic: _____ Phone: _____

Health Plan: _____ Group No.: _____

If Military: Sponsor's Name: _____

Sponsor's Soc. Sec.: _____ Rank: _____ Unit: _____

Allergies:

- ☐ Hay Fever
- ☐ Insect Stings
- ☐ Medicine/Drugs
- ☐ Plants
- ☐ Food (Specify) _____
- ☐ Pollen
- ☐ Animals
- ☐ Other (Specify) _____

Other Health Conditions: (Give approximate dates)

_____ Chicken Pox
_____ Measles
_____ German Measles
_____ Mumps
_____ Asthma
_____ Hepatitis
_____ Rheumatic Fever
_____ Diabetes
_____ Epilepsy
_____ Fainting

_____ Deformities
_____ Limb Brace
_____ Special Shoes
_____ Dental Braces
_____ Glasses
_____ Hearing Aid
_____ Ear Infections
_____ Convulsions
_____ Other (Specify)

Additional details our staff should know about: _____

_____

Immunizations: (Give dates)

_____ DPT
_____ Tetanus Booster
_____ Oral Polio

_____ Measles/Rubella
_____ TB Tine
_____ Other

Is there any restriction on physical activity? Explain: _____

_____

List below all medications your camper **will be taking to camp**, including aspirin and cough drops:

What	Why	Instructions

Please list any non-prescription medications you **DO NOT** want your daughter to be administered at camp:

_____

Parent Authorization:

This health history is correct to the best of my knowledge, and the camper herein described is free of any potential health problems that might restrict participation at camp (except as noted by me and/or the physician) and is free of any communicable diseases that might endanger other campers.

In the event I cannot be reached in an emergency, I hereby give permission for emergency care to be given. This authorization applies whether the charges are covered by Girl Scout insurance or by myself. I give this authorization with knowledge that Girl Scout health insurance is secondary and does not provide coverage for every incident.

_____ _____

Parent/Guardian's Signature **Date**

Medical Examination

Must be filled out and signed by a doctor, RN, PA or NP

Camper's Name: _____

Height: _____ Weight: _____ Temperature: _____

Blood Pressure: _____ Pulse: _____

Examination findings – please check if condition is satisfactory. If not, please explain.

- Eyes & Vision _____
- Skin _____
- Throat _____
- Ears & Hearing _____
- Heart _____
- Lungs _____
- Legs _____
- Abdomen _____

☐ I find this camper in good physical condition for competitive sports and outdoor physical activities.

☐ This camper's activities should be limited for the following reasons:

_____

Examiner's Signature: _____ Date: _____

Address: _____ Phone: _____