AMERICAN HERITAGE GIRLS®
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Health and Medical Form

Troop Number _____

Each year, AHG Girl and Adult Members complete a new or update an existing *Health and Medical Form* kept on file at the Troop level.

Member Name			
Date of birth		**Age**	
Weight		**Height**	
Street Address			
City, State Zip			
Parent/Guardian Name(s)			
Phone Number(s)			

Attaching a photo to this form can help to avoid errors in identification.

Emergency Contacts	**Name**	
	Relationship	
	Phone Number	
	Name	
	Relationship	
	Phone Number	

Allergies: If applicable, please list all known allergies including medications, food, and environment.	**Allergy**	**Normal reaction and management of reaction**

General Health Information: Check all that apply, past or present, to this member's health history.	☐ Abdominal/stomach/digestive problems ☐ Asthma ☐ Convulsions/seizures ☐ COPD ☐ Diabetes ☐ Excessive fatigue ☐ Fainting or dizziness ☐ Head injury/concussion ☐ Heart disease/heart attack/chest pain/heart murmur/coronary artery disease ☐ Hemophilia or blood disorders ☐ Hypertension (high blood pressure)	☐ Kidney Disease ☐ Lung/respiratory disease ☐ Menstrual cramps ☐ Migraines/headaches ☐ Motion/altitude sickness ☐ Muscular/skeletal conditions/muscle or bone issues ☐ Neurological disorders ☐ Nosebleeds ☐ Sinus problems ☐ Sleep apnea, sleepwalking or sleep disorders ☐ Stroke/TIA ☐ Thyroid disease

Member Name		**Troop Number**	
Additional notes about this member's behavior, physical, emotional or mental health needs pertinent to their participation in American Heritage Girls.			

Medications: If medications of any type will be taken or needed during Troop meetings, events, activities or trips, please fill out the *Request for Medication Administration Form*.

☐ No medications are routinely taken.

☐ The medications listed below are regularly taken (including inhalers, Epi-Pens, over the counter medications, homeopathic, and prescription medications). If additional lines are needed, please attach a separate page.

Medication	Dosage	Reason for medication

Tetanus Immunization Policy: AHG requires members to have Tetanus immunization within the last 10 years.

☐ I (or my daughter) has received tetanus immunization on _____(date).

☐ I (or my daughter) have not received tetanus immunization and I would like to request exemption based upon a lack of immunization records, religious, philosophical or medical grounds.

Signature of individual or parent/guardian:

_____

Immunizations: The following immunizations are recommended by AHG, Inc. but are not required.

Type	Year Received	Type	Year Received	Type	Year Received
Pertussis		Polio		Hepatitis B	
Diphtheria		Chicken pox		Meningitis	
MMR		Hepatitis A		Influenza	

I give permission for full participation in American Heritage Girls programs, events and activities, subject to limitations noted herein. I know of no health reason(s), other than the information indicated in this form, why I or my daughter should not participate in any of the American Heritage Girls activities.

Please check one:

☐ In case of an emergency, I understand every effort will be made to contact me (or my next of kin). In the event that contact cannot be made, I hereby give my permission to the licensed health-care provider selected by my Troop or Charter Organization to secure proper treatment, including related transportation, hospitalization, anesthesia, surgery, or injections of medication for myself or my child, except as noted. I agree to the release of records necessary for treatment.

☐ I **do not** give my consent for medical treatment of my daughter or I. In the event of illness or injury requiring treatment, I wish AHG volunteers to take **no action** beyond basic first-aid measures

Additional notes:			
Signature of individual or parent/guardian		Date	