

Yearly Permission and Health History Form

Parent / Guardian Permission for Girl Scout Outings

For membership year 20__ - 20__

Please complete this form and return to your troop's leader. Permission(s) and release information is needed before your daughter can participate in Girl Scout Troop activities. Please print legibly.

Please note: if you are participating in Council activities or adventure activities, you may need to complete an event-specific permission slip.

Girl's Name _____ Troop # _____
Address _____ City _____ State __ Zip _____
Home Phone _____ Grade in Fall _____ School _____
Troop Meeting Location _____

Permission for Trips Yes No Initialed _____

My girl has permission to travel to, attend, and participate in troop and council sponsored activities that are less than 350 miles from her troop meeting location or less than 3 nights.

***By checking 'no' I am requesting to sign individual permission slips for every trip.**

My daughter can return home from meetings by the following means (check all appropriate).

____ mother/father/guardian will pick her up
____ is allowed to go home with fellow Girl Scout name _____
____ is allowed to walk home _____ anytime _____ alone _____ with _____
____ is NOT allowed to leave with _____
____ Other family members that might pick her up: _____

Parent/Guardian Contact Information:

Name: _____ Relation to Child: _____ Cell Phone # _____
Email: _____ Home Phone: _____ Work Phone: _____
Name: _____ Relation to Child: _____ Cell Phone # _____
Email: _____ Home Phone: _____ Work Phone: _____
Name: _____ Relation to Child: _____ Cell Phone # _____
Email: _____ Home Phone: _____ Work Phone: _____
Name: _____ Relation to Child: _____ Cell Phone # _____
Email: _____ Home Phone: _____ Work Phone: _____

GIRL HEALTH HISTORY

Girl's Physician _____ Phone # _____
Medical Insurance _____ Policy # _____ Group # _____

For the safety of your child, is there a condition you would like us to know about? (e.g. nosebleed, emotional disturbances, menstrual cramps, motion sickness, etc.) _____

Is your daughter under the physician's care for a medical problem? If so, please explain: _____

List any allergies your daughter may have (e.g. pollen, insect stings, foods, etc.) _____

Is your girl current with her immunizations? ____ Yes ____ No

Please note Girl Scouts follows all state laws as they pertain to immunizations. That means in NYS, non-medical exemptions will no longer qualify. Girl Scouts must be vaccinated to participate or provide a medical reason.

Authorization for treatment: I hereby give permission to the medical personnel selected by the Girl Scout adult in charge to order X-rays, routine test, treatment; to release any records necessary for insurance purposes, and to provide and arrange any necessary related transportation for my child, In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Girl Scout adult in charge to secure and administer treatment, including hospitalization, for the person named above.

Medication Permission and Instructions

Signature of Parent or Legal Guardian _____

Date _____

Girl's Name _____ Date _____

During trips or at events, girls may need medication for ailments such as headaches, stomachaches, diarrhea, or a low-grade fever. They might need sunscreen, insect repellent, or lip balm. You **MUST** send any over-the-counter medication your daughter may need in the original package (INCLUDING ASPIRIN, TYLENOL, ETC.) Prescription drugs must be in the original bottle/package, in a Ziploc bag, with your daughter's name, and with the physician's instructions for administering them. Medication will be available from the adult in charge of first aid and can be given as specified by instructions on the label or by written instructions for over-the-counter drugs.

Girls may keep asthma sprays, epi-pens, insect repellent, and/or sunscreen with them if they know how to use them with prior written permission from parents or from the adult in charge of first aid. All other medication must be turned into the adult in charge of first aid, unless we have a note signed by a physician stating that a girl must keep a certain medication with her.

It is the responsibility of the girl/parent to make sure all medication is picked up at the end of the trip/activity/camp.

List all over-the-counter and/or prescription medication that your daughter will have at this trip/activity/camp. Give exact instructions for administering over-the-counter medications. If instructions are not provided medication will not be administered.

Prescribed Medications	Instructions	Initial/Date
	Original container w/doctor's orders	
	Original container w/doctor's orders	
	Original container w/doctor's orders	
	Original container w/doctor's orders	

Over the Counter Medications	Instructions	Initial/Date

The following items are recommended by the American Red Cross as the appropriate treatment for these conditions. Initial each treatment you want your daughter to receive if needed. These medications are provided in the first aid kits provided by the adult in charge of first aid. No other medication is available unless provided by you.

Initial	Condition	Treatment
	Small wounds, cuts, minor burn	Antibiotic ointment
	Animal or tick bite	Antibiotic ointment
	Poison Ivy	Topical antihistamine
	Marine Life Stings	Baking soda and salt water
	Sunburn	Aloe gel
	Insect bites	Topical antihistamine

If I cannot be reached in an emergency, the following person is authorized to act on my behalf:

Name _____ Address _____
 Cell Phone _____ Relationship to Girl _____
 Home Phone _____ Work Phone _____

I have registered my daughter online or I have given my daughter's troop leader permission to register her online for the Girl Scout Year. I give permission for my daughter to be a member of Girl Scouts of Northeastern NY.

I have read and understand this annual permission slip. I may change or revoke any aspect of this agreement at any time, by submitting my request, in writing, to the troop leader.

Parent/Guardian Name _____
 Signature _____ Date _____