

Permission and Health History Form

PARENT/GUARDIAN PERMISSION FOR TROOP OUTINGS

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

Girl's Name _____ Troop # _____
 Address _____ City _____ Zip _____
 Parent's/Guardian's Name _____ Cell Phone # _____
 Parent's/Guardian's Name _____ Cell Phone # _____
 Emergency Contact/Name _____ Cell Phone # _____
 (Someone other than the parent/guardian who we can call in an emergency)

Permission for Outings

This permission is required for all troop activities away from the meeting place. My daughter/ward has my permission to participate in any troop/group-sanctioned or Girl Scouts of Southern Alabama-sanctioned trip, event and activities during the 20____-20____ membership year. I understand I will receive information giving specific departure and arrival times, planned activities, contact persons and any other pertinent information prior to any trip or event.

Hold Harmless Agreement

I hereby release and hold harmless Girl Scouts of Southern Alabama from any and all claims or liability arising from, out of or associated with my child's participation in any troop or council sanctioned activity. My signature is evidence of my release of council, its agents and employees.

 Signature of Parent of Legal Guardian Date/Updated Date

GIRL HEALTH HISTORY

Girl's Name _____ Date of Birth _____ Age _____
 Girl's Physician _____ Phone # _____
 Medical Insurance _____ Policy # _____ Group # _____

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

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

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

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

Authorization for Treatment: I hereby give permission to the medical personnel selected by the Girl Scout adult in charge to order X-rays, routine tests, 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. This completed form may photocopied for use off-site.

 Signature of Parent of Legal Guardian Date/Updated Date

Medication Permission and Instructions

Girls Name _____ Date _____

Written parental consent is required before a minor (under 18) Girl Scout may be given any medication or treatment of any kind.

During trips or at events, girls may need medication for ailments such as headaches, stomach aches, 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 bottle/package (INCLUDING ASPIRIN, TYLENOL, ETC.) Prescription drugs must be in the original bottle/package with the physician's instructions for administering them. Put all drugs in their original bottle/package in Ziploc bag and label it with your daughter's name. Medication will be available from the adult in charge of first aid and can be given as specified by instructions on the label for prescription drugs or by written instructions from parents/guardians for over-the-counter drugs. Complete the middle part of this form with 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	

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 bit	Antibiotic ointment
	Poison Ivy	Topical antihistamine (Benadryl Caladryl)
	Marine Life Stings	Baking soda and salt water
	Sunburn	Aloe gel
	Insect Bites	Topical antihistamine (Bendaryl)