

**ADULT INFORMATION AND DRIVER ACCEPTANCE FOR TROOP OUTINGS**

*Please complete this form and return to your daughter's troop leader. All adults must be registered and have a background check on file to transport girls, attend troop meetings or attend any overnight trips.*

Adult's Name \_\_\_\_\_ Troop # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Automobile Insurance Carrier \_\_\_\_\_  
 Emergency Contact/Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 (Someone other than the parent/guardian who we can call in an emergency)

**Driver Acceptance**

I understand that when driving for Girl Scouts of Southern Alabama as a troop helper I am required to have a valid driver's license and current liability insurance. My driving record is free of at fault accidents and moving violations. I also understand that I will provide proof of a valid driver's license and current insurance upon request.

**Covid-19 Release & Hold Harmless Agreement**

The current world-wide Coronavirus (COVID-19) pandemic in many communities underscore the risks associated with individuals meeting together for community events. It also emphasizes the risks to Girl Scouts and their leaders by allowing Girl Scouts to meet for joint activities. The undersigned understands that exposure to disease-causing organisms, such as COVID-19, and contaminated objects, as well as personal contact with interested parties, including but not limited to other Girl Scouts, Troop leaders, community volunteers, and others involve a certain degree of risk that could result in illness, permanent disability, or be fatal. I agree, to release and hold-harmless Girl Scouts of Southern Alabama and it's agents, representatives and volunteers from and against all claims for damages and liability resulting from exposure to disease-causing or organisms, such as COVID-19, and contaminated objects, as well as personal contact associated with participating in activities with the Girl Scouts.

**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 Date/Updated Date

**ADULT HEALTH HISTORY**

Adult's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
 Adult's Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
 Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

If there is a yes answer for questions 1-3 please give more detail on a separate sheet of paper or add to back of form.

1. For your safety, is there a condition that you would like us to know \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Are you currently under the physician's care for a medical problem?\_ \_ Yes \_\_\_ No
3. Do you have any allergies (e.g. pollen, insect stings, foods, etc.) \_\_\_\_\_ 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 Date/Updated Date