

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.

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 of Parent of Legal Guardian

 Date

GIRLS HEALTH HISTORY

Girl's Name _____ Date of Birth _____ Age _____
 Girl'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 the safety of your child, is there a condition that you would like us to know ___ Yes ___ No
2. Is your daughter currently under the physician's care for a medical problem? ___ Yes ___ No
3. Does your daughter have any allergies (e.g. pollen, insect stings, foods, etc.) ___ Yes ___ No
4. 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 be photocopied for use off-site.

 Signature of Parent of Legal Guardian

 Date/Updated Date