



# Annual Permission and Health History Form

This form obtains parent or guardian permission for all meetings for the Girl Scout year.

It also gives permission for the following activities/trips:

- Located within GSMISTS council jurisdiction
- Not exceeding 8 hours (including travel time)
- Not considered high risk activities as outlined in *Safety Activity Checkpoints* and *GSMISTS Activity and Trip Planning Guide* (any activity that requires GSMISTS approval).

A separate Parent Permission Form must be completed for activities/trips that fall outside the above categories.

## PERMISSION REQUESTED FOR (To Be Completed By the Troop/Group Leader)

Participating in troop meetings and troop activities during the \_\_\_\_\_ to \_\_\_\_\_ Girl Scout year.

Typical Meeting Day/Time: \_\_\_\_\_ Typical Meeting Location: \_\_\_\_\_

Alternate Meeting Location(s) if appropriate: \_\_\_\_\_

Troop Leader #1: \_\_\_\_\_ (Assistant or) Troop Leader #2: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please, complete the Parent/Guardian Permission Statement below and return to: \_\_\_\_\_ by: \_\_\_\_\_  
(Name) (Due Date)

Note: All activities must be conducted in accordance with the Girl Scouts of the USA and the Girl Scouts of Michigan Shore to Shore's policies, procedures, and guidelines regarding safety and adult supervision.

## PARENT/GUARDIAN PERMISSION (To Be Completed By the Parent/Guardian)

Name of Girl: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

I will not allow my girl to attend if I do not consider her to be in good physical condition or if she has been exposed to any contagious disease. In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Michigan Shore to Shore to seek treatment for my child and/or dependent minor by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973, Section 14a.

I also understand that during the course of this event, photographs, videos, or audio recordings may be taken which may include my Girl Scout. I hereby consent that such photos, videos, or audio recordings may be used by the Girl Scouts of Michigan Shore to Shore in the promotion of Girl Scouting.

\*\* I understand that I am responsible for complying with the transportation arrangement. If my Girl Scout is not picked up on time after the activity, the troop leader/advisor will first attempt to contact me and then the emergency contact listed on this permission form. As a last resort, if none of the persons identified are available or willing to pick up my Girl Scout, I understand that the troop leader may, at her/his discretion, contact the proper authorities for assistance in locating me.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Girl/Adult Health History Form

**This form must accompany the Troop Leader at every event, activity, or trip. Information should be updated on a regular basis. Please complete both sides of this form and return to Troop Leader.**

Girl Member       Adult Member

Troop #: \_\_\_\_\_ or  Individual    Service Unit: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Parent/Guardian Name (Complete for Girl Form Only): \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Parent/Guardian Name (Complete for Girl Form Only): \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Health Information**

Age: \_\_\_\_\_ Immunizations up to date?  Y  N

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Medical/Hospital Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Family Dental Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Date of Last Health Examination: \_\_\_\_\_

Were there any medical problems at the time?  Y  N

If yes, please explain. \_\_\_\_\_

Has participant had any recent injuries or surgeries?  Y  N

If yes, please explain and specify date: \_\_\_\_\_

Does participant take any prescribed medications on a regular basis?  Y  N

If yes, please state medication and reason: \_\_\_\_\_

Is participant restricted or limited from participating in any physical activity?  Y  N

If yes, please explain: \_\_\_\_\_

Participant has the following health conditions/allergies (food and medications):

ADHD     Asthma     Diabetes     Headaches     Seizures     Other: \_\_\_\_\_

Allergies (specify): \_\_\_\_\_

Emergency Contact (non-parent): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (non-parent): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian Authorization:**

I certify that this health form is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my daughter/girl should not participate in the prescribed activities except as noted. In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Michigan Shore to Shore to seek treatment for my child and/or dependent minor by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973, Section 14a.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Adult Member Authorization:**

I certify this health history is complete and accurate. I am able to engage in all prescribed activities except as noted.

Signature of Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_