



Annual Permission and Health History Form

This form obtains parent/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/high adventures activities as outlined in *Safety Activity Checkpoints* and *GSMISTS Activity and Trip Planning Guide* (any activity requiring GSMISTS approval).

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

PERMISSION REQUESTED FOR (to be completed by the Troop Leader)

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

Typical Meeting Day/Time: _____ Typical Meeting Location: _____

Troop Leader #1 Name:	Troop Leader #2 Name:
Phone:	Phone:
E-mail:	E-mail:

Please complete the Girl Permission Statement below and return to: _____ by _____
Name Due Date

GIRL PERMISSION STATEMENT (to be completed by parent/guardian)

Girl's Name: _____

Parent/Guardian	Parent/Guardian	Emergency Contact
Name:	Name:	Name:
Phone:	Phone:	Phone:
E-mail:	E-mail:	E-mail:

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Michigan Shore to Shore (GSMISTS) takes every safety and preventative precaution, GSMISTS can in no way warrant that COVID-19 infection will not occur through participation in Girl Scout programs, events, activities, etc.

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 GSMISTS 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 GSMISTS may use these photographs, videos, or audio recordings for the promotion of Girl Scouts.

I understand I am responsible for complying with the transportation arrangement noted above. If my Girl Scout is not picked up on time after the activity the troop leader will first attempt to contact me and then the emergency contact listed on this girl permission form. As a last resort, if none of the persons identified are available or willing to pick up my Girl Scout, I understand 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 must 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 Name: _____ Last Name: _____

Phone: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian	Parent/Guardian
Name: _____	Name: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____

HEALTH INFORMATION

Birthdate (M/D/Y): _____ Age: _____ Immunizations up to date? Yes No

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? Yes No

If yes, please explain: _____

Has participant had any recent injuries or surgeries? Yes No

If yes, please explain and specify date: _____

Does participant take any prescription medication on a regular basis? Yes No

If yes, please list medication(s) and reason: _____

Is participant restricted or limited from participating in any physical activity? Yes No

If yes, please explain: _____

Participant has the following health conditions/allergies:

ADHD Asthma Diabetes Headaches Seizures Other: _____

Allergies (specify) _____

Emergency Contact #1 (non-parent/guardian)	Emergency Contact #2 (non-parent/guardian)
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Phone:	Phone:

PARENT/GUARDIAN AUTHORIZATION

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I certify that this health history form is complete and accurate. I know of no reasons, other than the information on this form, why my daughter/girl should not participate in the prescribed activities except as noted. 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 GSMISTS 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.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

ADULT MEMBER AUTHORIZATION

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I certify that this health history form is complete and accurate. I know of no reasons, other than the information on this form, why I should not participate in the prescribed activities except as noted. I will not attend if I do not consider myself to be in good physical condition or if I have been exposed to any contagious disease.

Name of Adult Member: _____

Signature of Adult Member: _____

Date: _____