

# Year-Long Parent/Guardian Permission Form for Girl Scout Activities Held Within Girl Scouts of Eastern Iowa and Western Illinois Area

Your Girl Scout will have various opportunities to participate in Girl Scout activities with Troop \_\_\_\_ throughout the year. In each case, the specifics of the activity, associated costs, and transportation details will be communicated to you via the Troop Leaders. Signing this permission slip and arranging for your daughter to attend the activity will constitute the written permission necessary for all activities taking place within the Girl Scouts of Eastern Iowa and Western Illinois (GSEIWI) area. This form does not cover sensitive topics, high-risk activities (such as rock climbing, skiing, etc.) and other activities that take place outside the council area. A separate permission form is required for these activities. Participation in product sales requires a separate form specific to each sale.

My Girl Scout \_\_\_\_\_ has my permission to participate in all Girl Scout Activities within the GSEIWI jurisdiction with the registered adult leaders of Troop \_\_\_\_\_ from \_\_\_\_\_ (date) through \_\_\_\_\_ (date). She is in good physical health and has not had any serious illnesses or operations since her last health examination. She has received all necessary immunizations and vaccinations. I understand that if my Girl Scout is found using drugs or alcohol, or is behaving in a manner which is dangerous to herself or other participants, I will be called to come and get her immediately.

**I can generally be reached at the following contact numbers:**

Home # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*If I cannot be reached in the event of an emergency, the following person(s) is authorized to act on my behalf and my Girl Scout can be released to their care:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell # (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work # (\_\_\_\_)\_\_\_\_-\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Address \_\_\_\_\_

Family Medical/Hospital Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

I give my permission for the adult in charge of the activity to take my daughter to a medical facility, if necessary. In case of an emergency, if none of the above can be contacted, I consent to treatment for my daughter under the supervision of and as deemed necessary by a physician licensed under the Medical Practice Act. I agree to the release of any records necessary for treatment, billing, or insurance purposes. I will not allow my Girl Scout to attend if she has been exposed to any contagious disease or if, for any reason, I do not consider her to be in good physical condition.

Signature of Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## Year-Long Troop Health Information

Girl Scouts of Eastern Iowa and Western Illinois and its volunteers make every effort to provide a safe and secure environment during group meetings. A typical Girl Scout meeting and/or program event may involve songs, active games, refreshments, skits, arts and crafts, and lively discussions. This form does not cover sensitive topics, high-risk activities (such as camping, rock climbing, skiing, etc.) and other activities that take place outside the council area. A separate permission form is required for these activities. Participation in product sales requires a separate form specific to each sale. Extended trips or other physically demanding activities may require additional health history and contact information.

We encourage you, as the parent/guardian, to share information with the leader(s) that may affect your child's health or safety while in our care. Completion of this form is optional. All information listed is confidential and should only be shared with the person(s) who have a need to know in order to protect the health and safety of all participants. Completed forms are to be destroyed at the end of every membership year, September 30.

Girl's Name \_\_\_\_\_ Date \_\_\_\_\_

Girl's Height \_\_\_\_\_ Girl's Weight \_\_\_\_\_ Girl's Date of Birth \_\_\_\_\_

**SPECIAL NEEDS AND HEALTH INFORMATION**—Include any information or special needs that will help the adults in charge to better care for your Girl Scout, including medications needed and diagnosis if appropriate (all information will be kept confidential between adults in charge).

Allergies (animals, food, insects, medication, etc.) and how to respond to a reaction \_\_\_\_\_

\_\_\_\_\_

Dietary Needs \_\_\_\_\_

Medications \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Other Concerns \_\_\_\_\_

I give permission for my daughter to take over the counter medication(s) checked below according to the manufacturer's instructions and at the dosage appropriate for her weight and/or age.

- |   |  |
|---|--|
| <input type="checkbox"/> Acetaminophen (Tylenol)      | <input type="checkbox"/> Decongestant (Sudafed)                |
| <input type="checkbox"/> Antacid (Tums)               | <input type="checkbox"/> Expectorant (cough drops/suppressant) |
| <input type="checkbox"/> Antidiarrheal (Pepto-Bismol) | <input type="checkbox"/> Diphenhydramine (Benadryl)            |
| <input type="checkbox"/> Antihistamine (Claritin)     | <input type="checkbox"/> Ibuprofen (Motrin)                    |

Signature of Parent/Guardian \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_