

**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. My Girl Scout has permission to participate in all Girl Scout Activities within the GSEIWI jurisdiction with registered adult leaders for the duration of the Girl Scout membership year. 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 # (____) _____ - _____

Product Program Permission

By giving permission to participate in Girl Scout Fall Product Program or the Girl Scout Cookie Program, I agree I am responsible to meet all council and troop due dates for orders and payment. I understand I am responsible for all product in my possession and will be held financially liable for any damaged product. I acknowledge unsold product may not be returned to the council or troop. I understand unpaid balances will result in collections procedures and possible legal action.

My Girl Scout has permission to participate in the Girl Scout Fall Product Program. Yes No

My Girl Scout has permission to participate in the Girl Scout Cookie Program. Yes No

Printed Name of youth Girl Scout _____

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. Extended trips, any serious illnesses or operations since her last health exam, or 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 _____
 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. My Girl Scout is up-to-date on all required vaccinations.

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

Signature of Parent/Guardian _____

Printed Name _____ Date _____