

Year-Long Parental Permission Form for Girl Scout Activities Held Within Girl Scouts of Eastern Iowa and Western Illinois Area

6/12

Your daughter 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 email or handouts at troop meetings. 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 area. This form does not cover sensitive topics, high risk activities (such as camping, rock climbing, skiing, etc) and other activities that take place outside of 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 daughter _____ has my permission to participate in all Girl Scout Activities within the Girl Scouts of Eastern Iowa and Western Illinois 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 immunization and vaccinations. I understand that if my daughter is found using drugs or alcohol or is behaving in a manner which is dangerous to herself or event participants, I will be called to come and get her immediately.

I can generally be reached at the following contact numbers:

Home # () - Cell # () - Work # () -

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name _____ Relationship to girl _____

Home # () - Cell # () - Work # () -

Name _____ Relationship to girl _____

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 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 daughter 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 _____

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 of 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 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 persons 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 _____

EMERGENCY/TRANSPORTATION CONTACT INFORMATION—Include parent/guardian completing form.

NAME	RELATIONSHIP TO GIRL	PHONE	THIS PERSON IS AN EMERGENCY CONTACT		MY DAUGHTER MAY BE RELEASED TO THIS PERSON	
			Yes	No	Yes	No
		Day: () - Evening: () - Cell: () -	Yes	No	Yes	No
		Day: () - Evening: () - Cell: () -	Yes	No	Yes	No

SPECIAL NEEDS AND HEALTH INFORMATION—Include any information or special needs that will help the adults in charge to better care for your child, including medications needed and diagnosis if appropriate (all this 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"/> Antidiarrheals (Pepto-Bismol) | <input type="checkbox"/> Diphenhydramine (Benadryl) |
| <input type="checkbox"/> Antihistamine (Claritin) | <input type="checkbox"/> Ibuprofen (Motrin) |

Signature of Parent/Guardian _____

Printed Name _____ Date _____