

PARENT CONSENT AND HEALTH HISTORY RECORD



This health history is to be completed and signed by the parent/guardian of the girl and kept with troop records. Health histories may be used for adults that travel with girls but are not required for adults.

Name of Child: _____ Date of Birth: _____ Age: _____

Address: _____ Troop No.: _____

Parent/Guardian: _____

Home Address: _____

Business Address: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

In Emergency Notify: Name: _____

Address: _____

Relationship: _____ Phone.: _____

Name of Family Physician: _____ Phone: _____

Family Medical/Hospital: _____

Policy Number: _____ Group Number: _____

Insurance Carrier: _____

Authorizations: I (We), the custodial parent(s)/legal guardian(s) give my (our) permission for:

Name of Girl Scout: _____

- Yes No 1. My/our daughter/ward to attend scheduled activities of her troop/group.
- Yes No 2. The Girl Scout Council to use any photograph or video/audio recording in which my daughter/ward appears for promotional purposes.
- Yes No 3. My/our daughter/ward to receive medical treatment by a leader, first-aider, EMT, nurse, doctor or hospital if necessary. It is understood that the adult in charge or her designate will attempt to contact me. If you check "No" to #3, please read and complete the following.
- 4. I/We have religious objections to our daughter/ward receiving certain types of medical treatment. We have attached specific written instructions on what is and is not allowed.*

*I understand that if an emergency occurs and the local police or other similar authorities take custody of my daughter/ward, Girl Scouts of Eastern Pennsylvania cannot guarantee that my instructions stated in the above medical authorizations or attached instructions will be followed. **Date of last medical exam:** _____

Immunizations: Yes No I certify my child is up-to-date on all immunizations required to attend school in Pennsylvania. **If not immunized, please attach explanation.**

Signature _____ Date of last Tetanus Booster: _____

Medical History

Does your daughter have a diagnosed physical or mental condition/disability that requires an accommodation?

Yes No **If yes, please describe and indicate accommodations needed:**

Girl Scout volunteers and staff may not be trained to provide for all needs; a parent or adult family member may be requested to attend some events with a Girl Scout who requires special care.

Allergies *(Check those that apply and specify nature of allergic reaction.)*
 Animals

 Medicines/Drugs

 Food

 Plants

 Hay fever

 Insect Stings

 Pollen

 Other

Please indicate any information useful to the adult in charge. Also, indicate any activities to be encouraged or restricted:

The Council gives high priority to ensuring the safety of girls attending Girl Scout activities. Girls must be supervised by adults during all meetings and events. Please indicate your instructions below regarding your daughter leaving meetings or activities:

 My/our daughter/ward has my permission to walk home from Girl Scout meetings/activities.

 I or the person(s) listed below will pick up my daughter/ward from meetings/activities.

Name:

Relationship to child:

Phone:

Name:

Relationship to child:

Phone:

Note: 1. Any changes to the above instructions must be given to the troop leader in writing.

2. If your daughter is not picked up within fifteen minutes of the specified dismissal time, the troop leader will attempt to contact you and/or your listed emergency contact person.

I have read and understand the pick-up and emergency procedures. I verify that all the above information is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature

Date