



Health and Permission Card

Completed by parent/guardian and reviewed with physician at time of examination.

Name (Last, First, Initial)		Parent or Guardian		Date of Birth	
Age	Address	City	State	Zip Code	
(Area Code) Phone		Cell Phone	E-mail Address		
Emergency Contact		Emergency Phone	Troop #		

Health History (check those that apply)

Allergies (Specify)

- Animals
- Foods
- Hay Fever
- Insect Stings
- Medicine/Drugs (list) _____
- _____
- _____
- Carries Epi-pen? For _____
- Plants _____
- Pollen _____

Chronic or Recurring Illness

- Ear Infections
- Heart Defect/Diseases
- Seizures
- Bleeding/Clotting Disorders
- Asthma
- Hypertension
- Diabetes
- Musculoskeletal Disorder
- Other (Specify) _____

Other Health Conditions

- Bed Wetting
- Constipation
- Menstrual Cramps
- Motion Sickness
- Nosebleeds
- Sleep Disturbances
- Emotional Disturbances
- Fainting
- Hearing Impairment
- Sickle Cell Trait or Disease
- Special Dietary Needs
- Wears Glasses or Contact Lenses
- Other (Specify) _____

Year of last tetanus booster _____

Is applicant's immunization record up to date? YES NO

Date of last health examination _____

List daily medications _____

Please explain any items that are checked above. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be restricted. _____

Doctor _____	Preferred Hospital _____
Insurance Provider _____	Policy Number _____

PARENT/GUARDIAN AUTHORIZATION: This health history is complete and accurate, and the person herein described has my permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician named above, or if not available, to the physician selected by the adult in charge, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.
Please update and sign annually.

DATE _____ PARENT/GUARDIAN SIGNATURE _____
 DATE _____ PARENT/GUARDIAN SIGNATURE _____

Parent or Guardian Permission for Participation in Girl Scout Activities

HOLD HARMLESS AGREEMENT: I hereby release and hold harmless Girl Scouts–Dakota Horizons from any and all claims or liability arising from, out of or associated with my child’s participation in the activity(s) listed on this card. My signature should be placed next to each event on this form evidencing my release of the council, its agents and employees as to that specific activity.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

Group/Troop’s Volunteer Name _____ Group/Troop Number _____

Group/Troop’s Volunteer Phone Number _____ Cell _____

My daughter has permission to participate in the Girl Scout activity listed below. I will make sure she does not attend if she is not feeling well.

Activity	Date	Place	Cost
1.			

Parent/Guardian Signature _____ Date _____

2.			
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Parent/Guardian Signature _____ Date _____

3.			
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Parent/Guardian Signature _____ Date _____

4.			
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Parent/Guardian Signature _____ Date _____

5.			
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Parent/Guardian Signature _____ Date _____

6.			
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Parent/Guardian Signature _____ Date _____

7.			
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Parent/Guardian Signature _____ Date _____

8.			
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Parent/Guardian Signature _____ Date _____

9.			
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Parent/Guardian Signature _____ Date _____

10.			
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Parent/Guardian Signature _____ Date _____

Parent/Guardian Emergency Phone Number _____

Emergency Contact _____ Phone _____



Pick Up Form

Please list the person, or possible persons, who will be picking up your daughter from Girl Scout Camp. Camp staff will be referencing this list during check out procedures. Adults will be required to show ID when picking up a camper.

Name: _____	Phone Number: _____
Address: _____	
Relationship to girl: _____	

Name: _____	Phone Number: _____
Address: _____	
Relationship to girl: _____	

The people listed above have my permission to pick up my daughter, _____ , from Girl Scout Camp.

Name (please print): _____

Signature: _____ Date: _____

Camp Name: _____