



While Girl Scouts Dakota Horizons (GSDH) takes recommended safety and preventative precautions, GSDH can in no way warrant that COVID-19 virus transmission will not occur through participation in GSDH meetings, events, or programs.

## 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 \_\_\_\_\_



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## 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: \_\_\_\_\_