

Health and Permission Card

Girl Name (Last, First, Initial)		Parent or Caregiver Name		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 _____

Emergency Contact _____ Phone _____

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

Volunteer Phone Number _____ Cell _____

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

Activity _____	Date _____	Place _____	Cost _____
Parent/Guardian Signature _____			Date _____

Activity _____	Date _____	Place _____	Cost _____
Parent/Guardian Signature _____			Date _____

Activity _____	Date _____	Place _____	Cost _____
Parent/Guardian Signature _____			Date _____

Activity _____	Date _____	Place _____	Cost _____
Parent/Guardian Signature _____			Date _____

Activity _____	Date _____	Place _____	Cost _____
Parent/Guardian Signature _____			Date _____

Activity _____	Date _____	Place _____	Cost _____
Parent/Guardian Signature _____			Date _____

Activity _____	Date _____	Place _____	Cost _____
Parent/Guardian Signature _____			Date _____

Activity _____	Date _____	Place _____	Cost _____
Parent/Guardian Signature _____			Date _____

Pick Up Form

List the person, or possible people, who will be picking up your daughter from a Girl Scout activity or camp. Staff will be referencing this list during check out procedures. **Adults will be required to show ID when picking up a participant.**

Name_____	Phone Number_____
Address_____	
Relationship to Girl Scout_____	

Name_____	Phone Number_____
Address_____	
Relationship to Girl Scout_____	

The people listed above have my permission to pick up my daughter, _____, from a Girl Scout activity or camp.

Name (please print) _____

Signature_____ Date_____

Girl Scout Activity Name_____