

Individual Permission Form & Health History for Troop/Group or High Risk Activity

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This signed permission form must be retained by the troop/group leader.

Activity Information					
Activity				Girl Scout Troop/Group #	
Location					
Departure Place	Time	Date	Return Place	Time	Date
Participant Information					
Girl Scout First Name		Girl Scout Last Name		Date of Birth	
Address					
City			State	ZIP	
Parent/Guardian Information					
Parent/Guardian First Name			Parent/Guardian Last Name		
Address (if different from participant's)					
City			State	ZIP	
Phone #1			Phone #2		
Email Address					
Emergency Contacts					
In the event that a parent/guardian cannot be reached in an emergency, the following individuals will be contacted:					
Name		Phone(s)		Relationship to Child	
Name		Phone(s)		Relationship to Child	
Over-the-Counter Medication					
In the event that administration of over-the-counter (OTC) medication is recommended by your troop or event first aider, check the boxes below to indicate which types of OTC medications your child is authorized to receive. Unchecked medications will not be administered.					
<input type="checkbox"/> Acetaminophen (Tylenol or generic) <input type="checkbox"/> OTC Antacid (Tums) <input type="checkbox"/> Ibuprofen (Advil or generic) <input type="checkbox"/> Calamine lotion <input type="checkbox"/> Diphenhydramine (Benadryl or generic) <input type="checkbox"/> Antibiotic ointment <input type="checkbox"/> Non-medicated cough drops <input type="checkbox"/> Sunscreen (without PABA, minimum SPF 30) <input type="checkbox"/> Insect repellent (may contain up to 15% DEET) <input type="checkbox"/> Hydrocortisone					

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Health History	
Name of Physician _____	Phone _____
<p>Allergies (check all that apply):</p> <p><input type="checkbox"/> Animals _____</p> <p><input type="checkbox"/> Food _____</p> <p><input type="checkbox"/> Peanut _____</p> <p><input type="checkbox"/> Hay fever _____</p> <p><input type="checkbox"/> Insect stings _____</p> <p><input type="checkbox"/> Medicine/drugs _____</p> <p><input type="checkbox"/> Plants _____</p> <p><input type="checkbox"/> Pollen _____</p> <p><input type="checkbox"/> Other (specify) _____</p>	<p>Chronic or Recurring Illness (check all that apply):</p> <p><input type="checkbox"/> Heart defect/disease _____</p> <p><input type="checkbox"/> Seizures _____</p> <p><input type="checkbox"/> Bleeding/clotting _____</p> <p><input type="checkbox"/> Asthma _____</p> <p><input type="checkbox"/> Diabetes _____</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>List any restrictions on physical activities:</p> <p>List any medications taken on a daily basis, including over-the-counter medications:</p> <p>List any other relevant health concerns:</p>
Parent Permission	
<p>The above-named participant has my permission to participate in this activity. Participant is in good physical condition and has my permission to receive first aid and to receive emergency treatment from a licensed physician. It is understood that all reasonable efforts will be made to contact me in case of emergency. I further release Girl Scouts of Oregon and Southwest Washington from any liability or damages, including any claim for injuries incurred by my child as a result of participation in this Girl Scout activity.</p>	
<p><input type="checkbox"/> My Girl Scout may NOT be photographed or videographed for Girl Scout publicity purposes.</p>	
<p>As the parent/legal guardian of the above-named participant, my signature affirms that I have read and understand this permission form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/group leader.</p>	
Signature of Parent/Guardian	Date