

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 adult 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 No. | Bus. Phone No. | |
| E-mail Address | Cell Phone No. | |

In Emergency Notify: Name

| | |
|--------------------------|-----------|
| Address | |
| Relationship | Phone No. |
| Name of Family Physician | Phone No. |
| Family Medical/Hospital | |
| Policy or | Group No. |
| Insurance Carrier | |

Authorizations

I (We), the custodial parent(s)/legal guardian of 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.**

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.)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Medicines/Drugs |
| <input type="checkbox"/> Food | <input type="checkbox"/> Plants |
| <input type="checkbox"/> Hay fever | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Pollen | <input type="checkbox"/> Other |

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

Media Release for Minors

I hereby consent that any photographs, films, audio or visual tapes for which my daughter posed may be used by Girl Scouts of Eastern Pennsylvania, its assigns or successors, in whatever way they may desire, including newspaper, audiovisual productions, television, radio, and the internet. Furthermore, I hereby consent the such interviews, photographs, films, audio and visual tapes from which they are made by their property, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, audio and visual tapes as they may desire free and clear of any claims whatsoever on my part.

Parent/Guardian Signature

Date

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

Telephone

Name Relationship to child

Telephone

- 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