

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

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

Activity Information					
Activity				Girl Scout Troop/Group #	
Location				Activity Cost	
Departure Place	Time	Date	Return Place	Time	Date
Health History					
Name of Physician				Phone	
<p>Check all that apply:</p> <p>Allergies:</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:</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>Had any restrictions concerning: physical activities? _____</p> <p>Please describe any conditions: _____</p>					
Parent/Guardian Permission					
<p>My Girl Scout (name) _____ <i>has my permission to participate in this activity. She 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.</i></p>					
<p>Check if Girl Scout <u>MAY NOT</u>: <input type="checkbox"/> Be photographed or videographed for council publicity purposes</p> <p><input type="checkbox"/> Participate in _____ (e.g., active sport.)</p>					
Parent/Guardian Agreement					
<p>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>					
Printed Name of Parent/Guardian			Signature of Parent/Guardian		Date
Street Address (if different from girl's)			City/State/ZIP		E-mail Address
Home Telephone		Work Telephone		Mobile Telephone	
				Other Telephone	
Family Emergency Contact					
Name			Telephone(s)		Relationship to Child
Parent/Guardian: Please retain the information below. In case of emergency during activity, parent/guardian should contact:					
"At-Home Contact" Person				Phone	
Troop/Group Leader				Phone	
Activity Leader (if different than troop/group leader)				Phone	