

Complete this form to provide permission for participation in Girl Scout activities for the designated year. This includes troop/group meetings, local field trips, day trips, and short trips. **A physical copy of this signed form must be carried by the troop/group leader during all activities.**

This form is valid for the current membership year, October 1, 20____ to September 30, 20____.

Participant Information		
Girl Scout First Name	Girl Scout Last Name	Date of Birth
Address		Girl Scout Troop/Group #
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
Accommodations		
My child requires the following physical, mental, psychological, or other accommodations (attach additional sheets as needed): _____		

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"/> Antibiotic ointment	
<input type="checkbox"/> OTC Antacid (Tums)	<input type="checkbox"/> Non-medicated cough drops	
<input type="checkbox"/> Ibuprofen (Advil or generic)	<input type="checkbox"/> Sunscreen (without PABA, minimum SPF 30)	
<input type="checkbox"/> Calamine lotion	<input type="checkbox"/> Insect repellent (may contain up to 15% DEET)	
<input type="checkbox"/> Diphenhydramine (Benadryl or generic)	<input type="checkbox"/> Hydrocortisone	

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

Health History	
<div> <div>Name of Physician</div> <div>Phone</div> </div>	
<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>_____</p> <p>List any medications taken on a daily basis, including over-the-counter medications: _____</p> <p>_____</p> <p>List any other relevant health concerns: _____</p> <p>_____</p>
Parent Permission	
<p>The 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><input type="checkbox"/> My child has permission to travel to, attend, and participate in troop and council-sponsored activities that are 1.) Three nights, up to a six-hour drive from the troop/group meeting place or within GSOSW council borders, and 2.) Not considered high risk activities as outlined by Girl Scouts. Leaders will notify parents/guardians of activities planned. If I elect not to check this box, I am requesting to sign individual permission slips for each activity.</p>	
<p>As the parent/legal guardian of the 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