



Girl Health History and Annual Permission Form

October 1, 20__ to September 30, 20__

This form must be completed and signed by parents/guardians of all girls, at time of registration, and given to the troop leader only.

Please print

Information on this side is confidential and is only shared with those caring for the girl, such as a first aider.

Girl's name:	Phone: () () ()	Name and phone of family physician: () () ()
Family medical/hospital insurance carrier:	Policy or group no.	Name and phone of family dentist: () () ()

Date of last health examination: _____ List any activities to be restricted: _____

Please note any health conditions or concerns to consider during activities or when providing care:

- Asthma
 Bleeding/clotting disorders
 Diabetes
 Hearing impairment
 Heart defect/disease
 Seizures
 Other (specify) _____
 Other (specify) _____

Adaptive devices:

- Glasses/contact lenses
 Hearing aids
 Other (specify) _____

Allergies — please specify exposure risk (ingestion/inhalation/touch), reaction and treatment, as appropriate:

- Animals _____
 Food _____
 Hay fever/plants/pollen _____
 Insect stings _____
 Medicines/drugs _____
 Other _____

Dietary needs — describe any practices to be followed: _____

Immunization history:

I affirm that my daughter/dependent has all immunizations required by California public schools (see www.shotsforschools.org).

- Yes
 No
 Date of last Tetanus/DPT immunization: _____

Required or restricted medications:

- My daughter/dependent needs or may need any of the following medications, e.g., inhaler, epinephrine injector, insulin or specific accommodations during her activity participation with her troop or individually. (Write "None" if there are none.) _____
- I will provide the following medications for my daughter/dependent. I understand all medications must be in their original packaging and must have written instructions. Prescription medications must include physician instructions. (Write "None" if there are none.) _____
- Physicians, nurses, health professionals or first aiders *may not* administer the following medicines or treatments: (Write "None" if there are no restrictions.) _____

In case of sickness or accident, I/we give permission for medical attention and the administration of medication and treatment as prescribed by the girl's physician or as determined by an available physician, nurse, health professional or first aider.

I know of no reason, other than the information indicated on this form, why my daughter/dependent should not participate in prescribed activities except as noted. If I cannot be reached in the event of any emergency, the troop's leadership may act on my behalf by providing for emergency medical treatment and/or transportation.

Optional permission to give over-the-counter medications or protective products:					
I give permission to any first aider(s) to administer the following non-prescription medications to my daughter, according to package directions.					
Over-the Counter Medication	Permission	Initials	Over-the Counter Medication	Permission	Initials
Acetaminophen (such as Tylenol)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Neomycin (such as Neosporin)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ibuprofen (such as Advil)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dimenhydrinate (such as Dramamine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Calcium carbonate (such as Tums)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Sunscreen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bismuth subsalicylate (such as Pepto Bismol)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Insect Repellent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pseudoephedrine (such as Sudafed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diphenhydramine (such as Benadryl)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of parent/guardian _____ **Date** _____

Complete Annual Permission section, on reverse.
 This form should be accompanied by the Family Information Sheet.
 Questions or concerns about this form should be directed to the troop leader, or to customercare@sdgirlscouts.org.

Annual Permission Section

Please print This side must be completed by parents/guardians of all girls. Information may be shared with other troop volunteers, when necessary.

Girl's name:	Troop number:	Date of birth:	School for 20____-____ year:	Grade:
Address:		Primary phone/girl's phone, if any: ()	Girl's email, if any:	
Parent/guardian 1 name		Parent/guardian 1 phone: ()	Parent/guardian 1 email:	
Parent/guardian 1 address, if different from girl:			Relationship to girl:	
Parent/guardian 2 name		Parent/guardian 2 phone: ()	Parent/guardian 2 email:	
Parent/guardian 2 address, if different from girl:			Relationship to girl:	
Are there any custody issues or reasons your daughter should not be released to either parent or guardian? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe:				
Name of responsible person, other than above, to contact in an emergency:		Responsible person phone: ()	Responsible person email:	
Additional contact info for any of the above:				
Is your daughter allowed to walk home by herself after a Girl Scout meeting or activity? <input type="checkbox"/> yes <input type="checkbox"/> no		Additional persons to whom your girl may be released (example: carpool driver, babysitter)		

<input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____	<p>Permission for routine activities and field trips: My daughter/dependent has permission to travel to, attend and participate in troop- and council-sponsored activities that are 1) located within San Diego or Imperial County, 2) not exceeding 8 hours or overnight, and 3) not considered "higher risk" according to the Safety Activity Checkpoints Matrix at www.sdgirlscouts.org/safety; activities requiring approval are considered "higher risk." A separate Trip or Event Permission Form must be signed for each event which includes those activities.</p> <p>If "No" is selected here, a separate Trip or Event Permission Form must be signed for every trip or event which occurs outside the normal meeting place and time.</p> <p>Parents/guardians must be informed of activity and field trip details in advance, even when the Annual Permission Form is used. I understand that the troop leader(s) will communicate plans with families via: <input type="checkbox"/> Volunteer Toolkit <input type="checkbox"/> Email <input type="checkbox"/> Other (specify) _____</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____	<p>Permission to participate in money-earning activities: My daughter/dependent has permission to participate in all approved money-earning activities coordinated by the troop, including cookie program booth sales. Participation in council-sponsored product sales (cookie program, Fall Sale, etc.) will require additional council permission forms. I understand that funds earned belong to the troop, and not to any individual; our contribution to the troop's success does not result in any individual financial benefit to my daughter or me.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____	<p>Permission to use photographs: I hereby consent that videotapes, photographs, motion pictures, electronic images and/or audio recordings of my daughter/dependent may be used by our troop and/or Girl Scouts for public relations and publicity purposes. I understand that her last name and residence will not be used for publicity purposes without my express consent.</p>
<input type="checkbox"/> Yes Initials _____	<p>Permission for emergency medical treatment: I give my permission for the adult in charge to take my child to a medical facility, if necessary. In case of emergency, if none of the above can be contacted, I consent to treatment for my daughter/dependent under the supervision of, and as deemed advisable by, a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code.</p>

Special accommodations: My daughter/dependent requires the following special accommodations in order to be most successful. (Write "None" if there are none.) _____

Parent agreement: I have read and understand this Annual Parent 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. I know of no reason why my daughter/dependent may not participate in prescribed activities except as noted on the Health History Form (see reverse).

Signature of parent/guardian _____ **Date** _____