



Annual Permission Form

Parents/Guardians: BOTH sides of this form must be completed annually and turned in to the Adult Lead Volunteer for the group. Each individual activity beyond regular meetings will require an additional short *Activity Permission Form*. If registering individually for an activity, a separate event permission form may be requested.

Adult Volunteer: This form must be kept in a safe and confidential manner. Ask parent/guardian to review and update the information periodically during the year. The form must be on hand at every Girl Scout event in which the girl participates and must be kept on file for three (3) years.

PLEASE PRINT

Group number _____ Level: (Choose 1) D B J C S A Registration Area/SU _____

Girl's name _____

Birthdate _____ (mm/dd/yyyy) Grade: _____

Mailing address: _____
Street City State Zip

Mother/Guardian name _____

Email: _____ home _____ work _____ cell _____

Father /Guardian name _____

Email: _____ home _____ work _____ cell _____

Emergency contact person, if parents/guardian cannot be reached:

Name _____ Relationship _____

Phone numbers: home _____ work _____ cell _____

Parent/Guardian Responsibility: It is your responsibility to support your daughter's group by:

- Providing supervision for your child before and after Girl Scout activities – never leave her unattended;
- Letting troop adult volunteer know where you can be reached if not at the numbers listed above;
- Updating the troop adult volunteer if information on this form changes;
- Assuring that the emergency contact is available, if necessary;
- Picking your child up on time;
- Returning permission forms ahead of time;
- Notifying the troop adult volunteer if your child will be absent;
- Helping when needed.

I give my permission for the above named girl to participate in Girl Scouts. Except as described below, she is in good health and has not had any serious illness or accidents since her last physical exam (within the past twenty four months) and there are no restrictions on her activities or participation in Girl Scouts. I agree to update the information above as needed. I also give permission for the appointed adult volunteers of a Girl Scout activity to act on my behalf in the event of an emergency, if I cannot be reached. I understand that every effort will be made to contact me.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian _____

CONTINUED on next page

Girl's Name: _____

Release Information:

Custody Type (Check one) Both Parents Mother Only Father Only Other _____

The following persons may pick up my child. Mother Father will walk home Other (list below)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

The following individual(s) may NOT pick up my child:

Medical Information:

All medical information will remain confidential and will be shared only on a need to know basis.

Date of last health exam _____

Family Physician _____ Phone _____

Family medical/hospital insurance carrier _____ Policy/Group# _____

Current medications _____ Possible side effects _____

Restrictions to participating in activities _____

Any special needs/adaptations or additional remarks _____

Immunizations

Date of basic tetanus immunization _____ Date of last booster _____

Check type: DPT (diphtheria, pertussis, tetanus) DT (diphtheria, tetanus)

Allergies

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Pollen | <input type="checkbox"/> Food |
| <input type="checkbox"/> Medicines/drugs | <input type="checkbox"/> Plants |
| <input type="checkbox"/> Insect bites/stings | <input type="checkbox"/> Other |

Chronic or recurring illnesses/conditions (check all that apply)

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear infection | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bleeding/Clotting disorders | <input type="checkbox"/> Heart defect disease | <input type="checkbox"/> Musculoskeletal disorders | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension | | |

Other conditions (check all that apply)

- Motion sickness
- Nosebleeds
- Fainting
- Hearing impairment
- Special dietary regimen
- Glasses/contact lenses
- Learning disability
- Other _____

Is there any additional information about your daughter that we should know about to better serve her? (ex. medical/behavioral, family situation, concerns, etc.)