

Health History and Parental Consent Form

Please complete both sides and return to the troop leader. This vital information is kept with the troop leadership during all troop activities. Your signature must be in ink.

Girl's Name _____ Grade _____ Birthdate _____

Address _____ Zip _____ Phone(____) _____

YOUR CONSENT: We are willing to have our daughter participate in troop activities which may include a trip in a car during the troop meeting. We understand that special permission will be requested for her to attend activities longer than the troop meeting or at a different time from regular troop meetings. We also understand that the Authorization for Emergency Care which I will/have signed below includes my daughter's participation in special troop activities at a different time or place from regular meetings as well as in the regular troop meetings.

Parent/Guardian Signature _____ Print Name _____
 Sign in Ink

Address _____ City _____ State _____ Zip _____

(if different from girl's)

Home Phone (____) _____ Work Phone (____) _____

Now that your daughter is a registered Girl Scout, your voluntary reporting will help with council and national demographic research. **This information is held in strictest confidentiality.**

Alaskan Native	American Indian	Black	White	Hispanic	Asian or Pacific	Multi-Racial	Other	Hearing Impaired	Visually Impaired	Learning Disabled	Physically Disabled	Mentally Retarded

Transportation To and From meetings: (This information is needed by the troop leader for your daughter's safety and will remain in effect unless the leader is notified in writing.)

The following people are authorized to transport our daughter to and from troop meetings:

Name _____ Phone (____) _____

Name _____ Phone (____) _____

Emergency Contact (This person should be someone who knows how to reach you. Please notify this person of their responsibility.)

Name _____ Relationship to girl _____

Phone (____) _____

PHOTO RELEASE

Your signature gives permission for the council to use photographs of your daughter

Name of girl _____ I hereby consent that the photographs, videotapes, and/or motion picture film in which she appears and/or audio recordings made of her voice may be used by Girl Scout Council of the Ozark Area and it assigns in whatever way they may desire, including television. I consent that any such photograph, films and recordings, and the plates and /or tapes from which they are made shall be their property, and they shall have the right to duplicate and reproduce and make other such use for said photographs as they may desire without any claim on my part.

Parent/Guardian signature _____ Date _____

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To Be Filled in By Parent or Guardian:

Name of Family Physician _____ Phone _____

Date of Last Tetanus Shot _____ Date of Last Health Exam _____

Illnesses and injuries (check those that apply):

Other Health conditions (check those that apply):

Ear Infections
Bleeding/Clotting Disorders
Heart Defect/Disease
Diabetes

Seizures
Hypertension
Asthma
Musculoskeletal disorders

Bedwetting
Constipation
Menstrual Cramps
Motion sickness

Emotional disturbances
Fainting
Hearing Impairment
Sickle cell trait or disease

Other _____

Nosebleeds
Sleep disturbances
Other _____

Allergies (check those that apply and specific nature of the allergic reaction):

Animals _____

Pollen _____

Hay fever _____

Food _____

Plants _____

Insect stings _____

Medicines/Drugs _____

Other (specify): _____

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

I know of no reason(s) other than the information indicated on this form why my daughter should not participate in prescribed activities except as noted. Signature must be in ink.

Signature of Parent/Guardian _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that our daughter should not attend meetings or special activities when she is ill or recently exposed to a contagious disease. If she should become ill or injured while in the care or under the supervision of Girl Scout Council of the Ozark Area, any of its officers or leaders, I authorized her to receive first aid or other emergency care. If it should become necessary for her to receive professional medical, surgical, or dental treatment, including hospitalization or surgery. Understand that every reasonable effort will be made to contact us immediately upon discovery of the emergency. I further understand that I will take full financial responsibility for all expenses which might be incurred that are not covered by Girl Scout insurance.

This consent is give in advance of any specific diagnosis or treatment being required, and is given primarily to encourage those officers or leaders who have temporary custody of our daughter, and the said physician, surgeon, or dentist to exercise their vest judgment in situations deemed an emergency as to the requirements of such diagnosis or medical or surgical or dental treatment. I understand this emergency medical care authorization includes my daughter's participation with her troop during regular meetings and during Girl Scout activities and special events at a different time and place from regular troop meetings.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____