



# Girl Scout Health History and Annual Permission Form

**October 1, 20\_\_ , to September 30, 20\_\_ Please Print**

This form must be completed and signed by parents/guardians of all Girl Scouts, at time of registration, and given to the troop leader only.  
Information on this side is confidential and is only shared with those caring for the participant, such as a first aider.

Girl Scout's name:	Phone: (    )	Name and phone of family physician: (    )
Family medical 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:  
Date of last Tetanus/DPT immunization: \_\_\_\_\_  
Date(s) of COVID-19 primary series, if any: \_\_\_\_\_ Date(s) of COVID-19 booster(s), if any: \_\_\_\_\_  
I affirm that my child/dependent has all immunizations required by California public schools (see [www.shotsforschools.org](http://www.shotsforschools.org)):     Yes  No

Required or restricted medications:

- My child/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 child/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 child'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 child/dependent should not participate in prescribed activities except as noted. If I cannot be reached in the event of any emergency, the troop's or camp staff'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 child, 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, and the Family Information Sheet. Direct questions to your troop leader.

## Annual Permission Section

Parents/guardians, complete for all youth participants. Information may be shared with other troop volunteers, when necessary.

Girl Scout's name:	Troop number:	Date of birth:	School for 20____-____ year:	Grade:
Address:		Participant's phone, if any: (    )	Participant's email, if any:	
Parent/guardian 1 name		Parent/guardian 1 phone: (    )	Parent/guardian 1 email:	
Parent/guardian 1 address, if different from participant:			Relationship to Girl Scout:	
Parent/guardian 2 name		Parent/guardian 2 phone: (    )	Parent/guardian 2 email:	
Parent/guardian 2 address, if different from participant:			Relationship to participant:	
Are there any custody issues or reasons your child 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 child allowed to walk home alone after a Girl Scout meeting or activity? <input type="checkbox"/> yes <input type="checkbox"/> no		Additional persons to whom your child may be released (example: carpool driver, babysitter)		

<input type="checkbox"/> Yes <input type="checkbox"/> No  Initials _____	Permission for routine activities and field trips: My child/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 overnight, <i>and</i> 3) not considered "higher risk" according to the <a href="http://www.sdgirlscouts.org/safety">Safety Activity Checkpoints Matrix</a> at <a href="http://www.sdgirlscouts.org/safety">www.sdgirlscouts.org/safety</a> . Activities requiring approval are considered "higher risk;" a separate <a href="#">Trip or Event Permission Form</a> must be signed for each event which includes those activities.  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.  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) _____
<input type="checkbox"/> Yes <input type="checkbox"/> No  Initials _____	Permission to participate in money-earning activities: My child/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 Product Program, 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 child or me.
<input type="checkbox"/> Yes <input type="checkbox"/> No  Initials _____	Permission for virtual meetings and use of images and audio: I hereby consent to my child/dependent's participation in virtual meetings. I understand that videos, photographs, motion pictures, electronic images and/or audio recordings of my child/dependent may be used by our troop and/or Girl Scouts for public relations and publicity purposes. I understand that the last name or residence will not be used for publicity purposes without my express consent.
<input type="checkbox"/> Yes <input type="checkbox"/> No  Initials _____	I acknowledge the ongoing, contagious nature of COVID-19 and understand that Girl Scouts San Diego (GSSD) volunteers and staff have put <a href="#">protective measures</a> in place, but cannot guarantee that members of my household will not become infected during GSSD activities. I hereby release GSSD and its members from liability for such infection. I agree to follow measures prescribed by the <a href="#">CDC</a> and/or the California Department of Public Health to protect our family and others.
<input type="checkbox"/> Yes  Initials _____	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 child/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.

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

Parent agreement: I have read and understand this Annual Parent/Guardian 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 child/dependent may not participate in prescribed activities except as noted on the Health History Form (see reverse).

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_