



ANNUAL PARENT/CAREGIVER PERMISSION & GIRL/ADULT HEALTH HISTORY FORM

Girl Scouts of Silver Sage
8948 W Barnes St, Boise, ID 83709
(208) 377-2011 or (800) 846-0079
www.girlscouts-ssc.org

This form obtains health information for both girls and adults and parent/caregiver permission for all troop meetings, events, and activities for the Girl Scout year, excluding planned meetings dealing with sensitive issues, overnights, and/or high-risk activities as defined by Safety Activity Checkpoints. Troop leaders agree to inform parents, in print or electronically, when an activity is away from the normal meeting site. With the use of this form, additional permission forms are not required for troop events or activities unless requested by the vendor or the event planner or as referenced above.

Membership Year October 1, 20__ - September 30, 20__

Girl Scout Name Troop # Service Unit #

Address City State Zip

Name of Parent/Caregiver 1 Relationship to Girl

Email Address Mobile Phone

Name of Parent/Caregiver 2 Relationship to Girl

Email Address Mobile Phone

Emergency Contact Name Mobile Phone

Relationship to Child

For all troop activities, I will be notified by the troop leader(s) of the following (as applicable): event activity, location, place and time of departure/return, mode of transportation, equipment/clothing needed, amount of money per girl needed, troop emergency contact and First-Aider name.

Permission for Activities - My girl has permission to attend regular troop meetings, booth activities for the product programs, travel to/from, attend, and participate in council-sponsored activities. If the activity is an overnight stay, the troop is required to submit to Council the Intent to Travel form at least 4 weeks before the activity. If the activity is a high-risk activity as defined by Safety Activity Checkpoints, the troop is required to have each parent complete the Permission for Special Activities form. Initials

Permission to Use Photographs - I understand that when participating in Girl Scout activities, my girl may be photographed for print, video, or electronic imaging to be used in promotional materials, news releases, and or other published formats. I acknowledge that the images may be the sole property of the troop, Girl Scouts of Silver Sage, or Girl Scouts of the USA. I hereby consent that my girl's images may be used by the troop/Council for public relations, publicity, and/or personal troop purposes. I understand that her last name and residence will not be used. Initials

troop leader - Retain a copy for your record and make a copy for the parent/guardian

Has the participant had any recent injuries or surgery? yes no. If yes, please explain and specify the date:

Does the participant take any prescribed medications on a regular basis? yes no

If yes, please state the medication and reason:

Is the participant restricted or limited from participating in any physical activity yes no

If yes, please explain

Participant has the following health conditions/allergies (food and medications)

ADHD Asthma Diabetes Headaches Seizures N/A

Other _____

Allergies (specify) _____

IF ADULT IS TROOP VOLUNTEER - ADULT Information

Adult First Name

Middle Name

Last Name

Name of Family Physician

Phone

Family Medical/Hospital Insurance Carrier

Policy or Group #

Family Dental Insurance Carrier

Policy or Group #

Age _____ Birthday _____

Immunizations are up to date yes no N/A

Date of last Tetanus shot / /

Date of last health examination / /

Were there any medical problems at the time? _____

Has the participant had any recent injuries or surgery? yes no. If yes, please explain and specify the date:

Does the participant take any prescribed medications on a regular basis? yes no

If yes, please state the medication and reason:

Is the participant restricted or limited from participating in any physical activity yes no

If yes, please explain

Participant has the following health conditions/allergies (food and medications)

ADHD Asthma Diabetes Headaches Seizures N/A

Other _____

Allergies (specify) _____

troop leader – Retain a copy for your record and make a copy for the parent/guardian