girl scouts of greater mississippi

Parent/Guardian Consent and Health History Form

To the Parent/Guardian: This form, signed by a parent or guardian, is needed prior to a girl participating in any Girl Scout activity. Parents may wish to make a copy in case daughter participates in Girl Scout program events without her troop.

To the Leader: Retain this form. This information should be with you at all troop functions (including troop meetings, trips and camping events).

Girl's Name_____ Date of Birth _____ Age _____

Home phone(____)_____ Cell phone(____)_____

Parent/ Guardian Name_____ Work phone(____)_____

My daughter is under the custodial care of:

☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Other,specify_____

Name of Family Physician_____ Phone Number_____

Family Medical/Hospital Insurance Carrier_____ Policy or Group #_____

Emergency Contact Name (**other than parent**)_____

Relationship to girl_____Home(____)_____

Work(_____)_____Cell(_____)_____

Medical Release: In the event _____becomes ill or sustains an injury while in the care of or under the supervision of the Girl Scout of Greater Mississippi Council or any of its officers or leaders and it becomes necessary to seek professional medical treatment, I give my permission to the certified first aider to provide First Aid and/or CPR and to take the appropriate measures including contacting the emergency medical services (EMS) system and arranging for transportation to _____or the nearest emergency medical facility to receive treatment by a licensed physician. I understand that every effort will be made to contact me or the person designated by me as my emergency contact.

Parent/Guardian Signature_____**Date**_____

Photo/Press Release: I, as Parent/Guardian of _____, agree that any photographs, and/ or motion picture or videotape for which she posed, and /or audio recordings made of her voice or words written by her may be used by the Girl Scout of Greater Mississippi Council, its assignees or successors, in whatever way desired, including television, CD-ROMS, online and print publications, and any other form for the storage, retrieval and reproduction of information, images; furthermore, I hereby consent that such information photographs, videos, and the plates and/or tapes from which they are made shall be their property, and they have the right to sell, duplicate, reproduce and make other uses of such information, photographs, videos, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

Parent/Guardian Signature_____**Date**_____

Health History Form

Date of last health exam_____ Were any complicating medical problems noted in the last health exam?_____

_____ _____

Are immunizations up to date? ☐Yes ☐No Date of last tetanus immunization___ _____ _____

Current medications (Identify medication and explain condition being treated) _____ _____ _____

_____ _____ _____

Please check all that apply:

Since her last health exam, has your daughter had:	Allergies:	Chronic or Recurring Illness:	Other Health Conditions:
☐ Serious injury requiring medical treatment?	☐Animals_____	☐ Asthma	☐Bed wetting
☐ Treatment in a hospital or emergency room?	☐Insect stings	☐Bleeding/Clotting disorders	☐Constipation
☐ Exposure to a contagious disease?	☐Food _____	☐Diabetes	☐Dental braces
☐ Illness lasting more than 5 days?	☐Medicines/Drugs _____	☐Ear infections	☐Emotional disturbances
☐Surgical operation or fracture?	☐Hay fever	☐Heart Defect/Disease	☐Fainting
☐Physical activity restriction?	☐Plants	☐Hypertension	☐Hearing impairment
	☐Pollen	☐Musculoskeletal disorders	☐Motion sickness
	☐Other_____	☐Seizures	☐Nosebleeds
		☐Sinusitis	☐Kidney disorders
		☐Arthritis	☐Menstrual cramps
		☐Hypotension	☐Sleep disturbances
		☐Hypoglycemia	☐Special dietary regimen
		☐Sickle Cell Trait/Disease	☐Wears contacts or glasses
		☐Other_____	☐Has begun menstruating
			☐ADD/ADHD
			☐Other_____

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.

_____

___ _____

My daughter has my permission to take or use the following *(MUST be administered by the adult in charge)*:

☐Tylenol/Acetaminophen ☐Advil/Ibuprofen ☐Decongestant

☐Benadryl/Antihistamine ☐Pepto-Bismol ☐Tums/Antacid

☐Robitussin/Expectorant ☐Swimmer's Ear/Alcohol-vinegar solution

This health history is complete and accurate. I know of no reason(s), other than the information on this form, why my daughter should not participate in prescribed activities except as noted. I understand that medication needing to be administered to my daughter during a Girl Scout activity must be given to the adult in charge along with written instructions and permission to administer the scheduled dosages.

Parent/Guardian Signature_____Date_____

Year 2	Year 3
Parent Initial _____ Date _____	Parent Initial _____ Date _____