

Please print This form must be completed and signed by parents/guardians of all girls, at time of registration, and given to the leader only. Information on this side is confidential and is only shared with those caring for the girl, such as a first aider. Parents are responsible to provide an updated Health History Form in the event that any of this information changes.

Girl's name:	Phone: ()	Name and phone of family physician: ()
Family medical/hospital 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
 Chronic Headaches/Migraines Other (specify) _____
 Other (specify) _____ Other (specify) _____

Adaptive devices:

- Glasses/contact lenses Hearing aids Mobility Device 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: I affirm that my daughter/dependent has all immunizations required by California public schools (see <https://cchealth.org/immunization/school-requirements.php>) Yes No Date of last Tetanus/DPT immunization: _____

Required or restricted medications:

- My daughter/dependent needs or may need any of the following medications administered, e.g., inhaler, epinephrine injector, insulin or specific accommodations during her activity participation with her troop or individually. Please note if your child has permission to carry their own medication. (Write "None" if there are none.) _____
- I will provide the following medications for my daughter/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 girl'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 daughter/dependent should not participate in prescribed activities except as noted. If I cannot be reached in the event of any emergency, the troop'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 daughter, 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 Repellant	<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** _____

Print name of parent/guardian _____

Complete Annual Permission section, on reverse. Questions or concerns about this form should be directed to the troop leader, or to customercare@girlscoutsoc.org.

Annual Permission Section

Please print

This side must be completed by parents/guardians of all girls. Information may be shared with other troop volunteers, when necessary.

Girl's name:	Troop number:	Date of birth:	School for 20____-____ year:	Grade:
Address:		Primary daytime phone: ()	Primary evening phone:	
Parent/guardian 1 name		Parent/guardian 1 phone: ()	Parent/guardian 1 email: ()	
Parent/guardian 1 address, if different from girl:			Relationship to girl:	
Parent/guardian 2 name		Parent/guardian 2 phone: ()	Parent/guardian 2 email:	
Parent/guardian 2 address, if different from girl:			Relationship to girl:	
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 daughter allowed to walk home by herself after a Girl Scout meeting or activity? <input type="checkbox"/> yes <input type="checkbox"/> no		Additional persons to whom your girl may be released (example: carpool driver, babysitter)		

<input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____	<p>Permission for routine activities and field trips: My daughter/dependent has permission to travel to, attend and participate in troop- and council-sponsored activities that are 1) located within 150 miles and within the state of California, 2) not exceeding 8 hours or overnight, 3) not considered High Risk activities according to the High Risk Guidelines (activities requiring approval are considered "higher risk." A separate Trip or Event Permission Form must be signed for each event which includes those activities.), and 4) activities that discuss sensitive topics require a sensitive issues form.</p> <p>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.</p> <p>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/group leader(s) will communicate plans with families via one or more methods, including (choose methods): <input type="checkbox"/> Volunteer Toolkit, <input type="checkbox"/> Email, <input type="checkbox"/> Other(specify)_____</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____	<p>Permission to participate in money-earning activities: My daughter/dependent has permission to participate in all approved money-earning activities coordinated by the troop/group. Additional forms are required to participate in the Council Product Programs. 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 daughter or me.</p>
Initials _____	<p>Permission to use photographs: Troop/Group Leaders will adhere to the photo permission listed on your annual membership form, and will follow the council process to identify girls who do not have permission to be included in videos, photographs, motion pictures, electronic images and/or audio recordings. Please be aware that neither the troop nor Girl Scout Council Orange County is responsible for images of your daughter/dependent taken/used by individuals who have not been authorized or permitted to do so by the troop or Girl Scout Council Orange County.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____	<p>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 daughter/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. If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.</p>

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

Parent agreement: I have read and understand this Annual Parent 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 daughter/dependent may not participate in prescribed activities except as noted on the Health History Form (see reverse). In consideration of my daughter being permitted to attend troop-approved events, I (we) hereby release, waive, discharge and covenant not to sue the Girl Scout Council of Orange County, its directors, officers, employees, volunteers and agents (collectively the "Council") from any and all liability to myself or my daughter for any loss or damage, including property damage, personal injury, or death, whether caused by the negligence of the Council or otherwise, resulting from or related to my daughter's participation in the Event.

Signature of parent/guardian _____ Date _____