girl scouts of gulfcoast florida

PARENT/CAREGIVER CONSENT FORM

Membership Year
_____/_____
Current Grade in School
_____

Girl's name: First _____ Middle _____ Last _____

Address _____ City _____ State _____ Zip _____

Current School Name _____ School Address _____

1. I give permission to certified adults to administer first aid to my girl or seek and have aid given from a physician or hospital if the situation requires. It is my understanding that my girl is covered by Girl Scout Accident Insurance. I do not hold the troop, its' leaders, or the Girl Scouts of Gulfcoast Florida, Inc. at fault in case of accident.
2. I authorize the doctor or hospital personnel to provide emergency medical treatment and or anesthesia to be administered in my/our absence. This authorization includes, but is not limited to, any emergency treatment and/or surgical procedure(s) deemed necessary by the qualified personnel. I/we understand, that by law, a health facility cannot provide needed treatment unless the parent/guardian is with the child or provides appropriate authorization.
3. As with any social activity, participation in Girl Scouts could present the risk of contracting communicable illness, including COVID-19, and in no way can there be a guarantee that infection will not occur through participation in Girl Scout program activities. Parent/caregiver will check their girl for signs of communicable illness prior to attending Girl Scout activities, as children may be screened upon arrival. Any child with a communicable disease, including fever, conjunctivitis, or lice, will not be able to participate until no signs of illness are present.

GIRL HEALTH HISTORY RECORD This health history is to be completed and signed by the parent/guardian of girl.

Name of physician _____ Phone _____

Family medical/hospital carrier _____ Policy or group # _____

Date of last health examination _____

Were there any complicating medical problems noted in last health examination? _____

Please note any additional information regarding girl's behavioral, physical, or emotional health and attach to this form.

HEALTH HISTORY (Please check all that apply)

Diseases	Allergies	Chronic or Recurring Illness	My girl has permission to take or use the following:
❑ Chicken Pox ❑ German Measles ❑ Kidney disorders ❑ Measles ❑ Mumps ❑ Rheumatic Fever ❑ Tuberculosis ❑ Other (specify) _____	❑ Animals_____ ❑ Food _____ ❑ Hay Fever_____ ❑ Insect stings _____ ❑ Medicine/drugs_____ _____ ❑ Plants _____ ❑ Pollen _____ ❑ Other (specify) _____	❑ Asthma ❑ Bleeding disorders ❑ Diabetes ❑ Ear infections ❑ Heart defect/disease ❑ Hypertension ❑ Hypotension ❑ Hypoglycemia ❑ Musculoskeletal disorders ❑ Seizures ❑ Sinusitis ❑ Other (specify) _____	❑ Tylenol/Acetaminophen ❑ Advil/Ibuprofen ❑ Sudafed/decongestant ❑ Benadryl/antihistamine ❑ Pepto Bismol ❑ Tums/antacid ❑ Insect repellent ❑ Hydrocortisone/anti-itch ❑ Gold Bond/anti-heat rash ❑ Sunscreen ❑ Neosporin/triple antibiotic ❑ Sting stick for insect bites ❑ Throat lozenges ❑ Ear drops

SPECIAL NEEDS (check all that apply):		**LIST ANY MEDICATIONS - DOSAGE AND FREQUENCY:**
❑ Fainting ❑ Bed wetting ❑ Constipation ❑ Emotional disturbances ❑ Sickle cell trait or disease ❑ Wears glasses or contact lenses ❑ Other _____	❑ Sleep disturbances ❑ Menstrual cramps ❑ Nosebleeds ❑ Hearing Impairment ❑ Special dietary regimen ❑ Motion sickness	
Has your girl started her menstrual cycle? Yes ❑ No ❑		

Girl Scouts of Gulfcoast Florida, Inc.

PARENT/CAREGIVER CONSENT FORM

The following person(s) is AUTHORIZED to pick up my girl:

Name _____ Relationship _____

The following person(s) is **FORBIDDEN** to pick up my girl:

Name _____ Relationship _____

EMERGENCY CONTACT INFORMATION ONE

In case of emergency notify: _____ Relationship _____

Home phone _____

Work phone _____

Cell phone _____

Address _____ City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION TWO

In case of emergency notify: _____ Relationship _____

Home phone _____

Work phone _____

Cell phone _____

Address _____ City _____ State _____ Zip _____

PLEASE INITIAL ALL BELOW

_____ **My girl has permission to carry and administer her own medication such as: bronchial inhalers; epipen; or diabetes medication.**

_____ **My girl fully understands that she is not allowed to give any medications that she has with her to any other person and will inform the person in charge of first aid when she has taken any of this medication herself.**

_____ **I will alert the troop leader if my girl has tested positive for COVID-19, so that the troop members may be informed. The council will inform families, keeping member health information strictly confidential.**

_____ **This health history is complete and accurate to the best of my knowledge. I affirm that my girl's immunizations are up to date.**

_____ **This consent form serves as permission for my girl to participate in all Girl Scout activities unless otherwise noted by me in writing.**

Signature of parent/guardian _____ Date _____

Troop leaders, please keep a copy of the Parent/Caregiver Consent Form for each girl. This form must accompany you during all Girl Scout meetings, activities, events, and trips

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