

## Girl Health History and Annual Permission Form

October 1, 20\_\_\_\_ to September 30, 20\_\_\_\_

This form must be completed and signed by parents/caregivers of all girls, at time of registration, and given to the troop leader only.

Please print

Information on this side is confidential and is only shared with those caring for the girl, such as a first aider.

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 participant restrictions, if any:** \_\_\_\_\_

Check all that apply and explain in detail any checked answers:

- Physical Restrictions    Asthma    Bleeding/clotting disorders    Diabetes    Eyesight/Hearing/Speech impairment    Heart defect/disease  
 Convulsions/Epilepsy/Seizures    ADD/ADHD    Headaches/Migraines    Sinus Infections    Eating Disorders (Anorexia, Bulimia, etc.)    Nosebleeds  
 Menstrual Cramps    Sleep Disturbances/sleep walking    Psychiatric/Psychological or emotional difficulties    Behavioral/neurological disorders  
 Had surgery or hospitalized in the last 5 years  
 Other (specify) \_\_\_\_\_    Other (specify) \_\_\_\_\_

Please explain in detail all checked answers marked above (for diabetes or asthma, attach a sheet explaining treatment in detail. For asthma, include frequency of attacks, triggers, action plan, peak flows, etc.):

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:

I affirm that my daughter/dependent has all immunizations required by Missouri and Kansas public schools.

Tetanus immunization is required and must have been received within the last 10 years.

- Yes    No   Date of last Tetanus/DPT immunization: \_\_\_\_\_

Required or restricted medications:

- o My daughter/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.)
  
- o I will provide the following medications for my daughter/dependent. I understand all medications must be in their original packaging, not expired and must have written instructions. Prescription medications must include physician instructions. (Write "None" if there are none.)
  
- o Non-prescription medication administration (i.e acetaminophen, ibuprofen, diphenhydramine, etc.) is authorized with these exceptions:

In case of an emergency involving my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication. Medical providers are authorized to disclose protected health information to the adult in charge. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 CFR § 160.103.164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up, and communication with the participant's parents or caregiver, and/or determination of the participant's ability to continue in the program activities.

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of NE Kansas and NW Missouri takes every safety and preventative precaution, Girl Scouts of NE Kansas and NW Missouri can in no way warrant that COVID-19 infection will not occur through participation in Girl Scout of NE Kansas and NW Missouri programs.

Signature of parent/caregiver \_\_\_\_\_ Date \_\_\_\_\_

Complete Annual Permission section, on reverse.

Questions or concerns about this form should be directed to the troop leader, or to [customercare@gksmo.org](mailto:customercare@gksmo.org).

# Annual Permission Section

Please print This side must be completed by parents/caregivers 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 phone/girl's phone, if any: (    )	Girl's email, if any:	
Parent/caregiver 1 name		Parent/caregiver 1 phone: (    )	Parent/caregiver 1 email:	
Parent/caregiver 1 address, if different from girl:			Relationship to girl:	
Parent/caregiver 2 name		Parent/ caregiver 2 phone: (    )	Parent/ caregiver 2 email:	
Parent/caregiver 2 address, if different from girl:			Relationship to girl:	
Are there any custody issues or reasons your daughter should not be released to either parent or caregiver? <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 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 _____	I understand I am responsible for ensuring my child is prepared to participate in activities as determined by the leader. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand I am responsible for ensuring my child behaves appropriately during these activities. I further understand, if in the opinion of the leader or adult-in-charge, my child is not behaving appropriately, I may be asked to pick-up my child early from an activity at my own expense, and that it is at the leader's discretion whether or not to refund any fees that I've paid for the activity. I understand if my child appears to be ill when she arrives at an activity or becomes ill during the activity, I will be asked to pick-up my child early from the activity at my own expense, and is at the leader's discretion whether or not to refund any fees paid for the activity.  I am authorizing participation in all activities my troop may participate in with the exception of high-risk activities (a separate permission form will be used) after troop leader completes <a href="#">Activity/Trip Application</a> and receives council authorization to proceed to any activities I have listed on the opposite side.  Parents/ caregivers 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 use photographs: I hereby consent that video recordings, photographs, electronic images and/or audio recording of my daughter/dependent may be used by our troop and/or Girl Scouts for public relations and publicity purposes. I understand that her first name, last name initial and city of residence may be listed for Council media purposes.
<input type="checkbox"/> Yes <input type="checkbox"/> No  Initials _____	Permission to participate in money-earning activities: My daughter/dependent has permission to participate in all approved money-earning activities coordinated by the troop, including the Cookie Program (which may include booth sales). Participating in council-sponsored Product Programs (the Cookie Program and the Candy, Nut & Magazine Program) are included in this permission. I understand that funds earned belong to the troop, and not to any individual contribution to the troop's success does not result in any individual financial benefit to me or my daughter/dependent or me. I agree to accept financial responsibility for the products received and to see that she has adult guidance at all times.
<input type="checkbox"/> Yes <input type="checkbox"/> No  Initials _____	<b>For High Adventure Activities Only:</b> I understand that during high adventure activities, my child will be exposed to an above normal risk of injury. I understand I am responsible for communicating to the leader and adult-in-charge about any needs my child may have in regards to these activities. I sustain to the best of my knowledge that my child has the maturity, required skills, and physical ability to participate in these activities.
<input type="checkbox"/> Yes  Initials _____	<b>For Sensitive Issue Activities Only:</b> I understand during sensitive issues activities, my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to these activities. I am confident of her maturity and ability to participate.

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).

With appreciation of the dangers and risks associated with programs and activities, on behalf of my child/dependent, I hereby fully and completely release and waive any and all claims for personal injury, death or loss that may arise against the Girl Scouts of NE Kansas and NW Missouri, the activity coordinators, and all employees, volunteers, related parties or other organizations associated with any program or activity.

Signature of parent/caregiver \_\_\_\_\_ Date \_\_\_\_\_