



PARENT/GUARDIAN PERMISSION FOR GIRL SCOUT ACTIVITIES TP105

Please complete this form and return to your daughter's troop leader. Permission(s) and release information is needed before your daughter can participate in Girl Scout troop activities. Please print legibly.

Girl's Name Troop#

Address State Zip

Parent's/Guardian's Name

Parent's/Guardian's Phone # Cell Phone #

Emergency Contact Name/phone #

(*Someone other than the parent/guardian who we can call in an emergency.)

This permission is required for all Troop activities. My daughter/ward has my permission to participate in any troop/group-sanctioned or Girl Scouts-North Carolina Coastal Pines-sanctioned trip, event and activities in person and on-line during the 20__-20__ membership year. I understand that I will receive information giving specific departure and arrival times, planned activities, contact persons, and any other pertinent information prior to any trip or event.

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in in-person Girl Scouts activities could present the risk of contracting COVID-19. While GSNCCP takes every safety and preventative precaution, GSNCCP can in no way warrant that COVID-19 infection will not occur through participation in GSNCCP programs or troop activities. Prior to any Girl Scout program or activity, discuss proper physical distancing behaviors and health/safety protocols with your girl.

I agree that pictures or videos of my daughter/ward may be used to promote the Girl Scout program. Yes No

GSUSA provides activity accident insurance as secondary coverage to the family's own insurance coverage.

Custody Type: (select one) Both Parents Mother only Father only Other

My child may be picked up by:

*Signature of Parent or Legal Guardian

Date/Updated Date

HEALTH HISTORY FOR GIRLS

Name of Participant Date of Birth Age

Name of Participant's Physician Telephone #

Family Medical/Hospital Insurance Carrier Policy # Group #

For the safety of your child, is there a condition that you would like us to know (e.g., nosebleed, emotional disturbances, menstrual cramps, motion sickness, etc.)?

Is your daughter currently under a physician's care for a medical problem? If so, explain: (optional)

List any allergies your daughter/ward may have (i.e., Pollen, insect stings, etc.)

Are you current with your immunizations (check one): YES NO Choose not to immunize.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the Girl Scout adult in charge to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Girl Scout adult in charge to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for use off-site.

Signature of parent/guardian of minor

Date/ Updated Date

MEDICATION PERMISSION AND INSTRUCTIONS

Written parental consent is required before a minor (under 18) Girl Scout may be given any medication or treatment of any kind. During trips or at events, girls may need medication for ailments such as headaches, stomachaches, diarrhea, or a low-grade fever. They might need sunscreen, insect repellent or Chapstick. You **MUST** send any over-the-counter medication your daughter may need in the original bottle/package (INCLUDING ASPIRIN, TYLENOL, ETC.). Prescription drugs must be in the original bottle/package with the physician's instructions for administering them. Put all drugs in their original bottle/package in a Ziploc bag and label it with your daughter's name. Medication will be available from the adult in charge of first aid and can be given as specified by instructions on the label for prescription drugs or by written instructions from parents/guardians for over-the-counter drugs. Complete the middle part of this form with instructions for over the counter drugs..

Girls may keep asthma sprays, epi-pens, insect repellent, or sunscreen with them if they know how to use them with prior written permission from parents or from the adult in charge of first aid. All other medication must be turned into the adult in charge of first aid, unless we have a note signed by a physician stating that a girl must keep a certain medication with her.

It is the responsibility of the girl/parent to make sure all medication is picked up at the end of the trip/event/camp.

List all over-the-counter and/or prescription medication that your daughter will have at this trip/event/camp.

Give exact instructions for administering over-the-counter medications. *We cannot administer over-the-counter medication without written instructions.

MEDICATION

Prescribed

INSTRUCTIONS

INITIAL/DATE

_____	(original container with doctor's orders)	_____
_____	(original container with doctor's orders)	_____
_____	(original container with doctor's orders)	_____
_____	(original container with doctor's orders)	_____

Over the counter

INSTRUCTIONS

INITIAL/DATE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medication/chemical treatments recommended by the American Red Cross:

The following items are recommended by the American Red Cross as the appropriate treatment for these conditions. Initial each treatment you want your daughter to receive if needed. These medications should be available in trip/event/camp first aid kits. No other medication is available unless sent with your daughter.

_____	Poisoning	Syrup of Ipecac, Activated Charcoal - administered as directed by the Carolina Poison Control Center, 1-800-848-6946.
_____	Small wounds, cuts, animal or tick bite, minor burn	Antibiotic ointment
_____	Poison Ivy	Topical antihistamine such as Caladryl or Benadryl
_____	Marine life stings	Baking soda and salt water
_____	Sunburn	Aloe gel
_____	Insect bites	Topical antihistamine such as Benadryl

I give my permission for my daughter/ward, _____, to take the medications listed above and, if needed, to have any of the treatments I have initialed.

Signature of Parent or Legal Guardian _____