



Annual Health History & Permissions

Name _____ Phone _____ DOB (mm/dd/yy) _____

Troop # _____ Address _____ City _____ State _____

Zip Code _____ Name of Parent/Caregiver _____ Secondary Phone _____

Family Physician Name _____ Physician Phone _____

Preferred Hospital Name (include city) _____

Are immunizations up to date? Yes No Date of Last Tetanus Immunization _____

Emergency Contact #1 Name _____ Relationship to Child _____

Phone _____

Emergency Contact #2 Name _____ Relationship to Child _____

Phone _____

<p>Since her last health exam has your daughter had:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exposure to a contagious disease <input type="checkbox"/> Illness lasting more than 5 days? <input type="checkbox"/> Surgical operation or fracture? <input type="checkbox"/> Physical activity restriction? 	<p>Allergies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Animals <input type="checkbox"/> Bee Stings <input type="checkbox"/> Food <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Stings <input type="checkbox"/> Medicines <input type="checkbox"/> Plants <input type="checkbox"/> Pollen <input type="checkbox"/> Other (Specify) _____ 	<p>Chronic or Recurring Illness:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infection <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Seizures <input type="checkbox"/> Other (Specify) _____ 	<p>Other Health Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mental Health Challenges (Depression, Anxiety, Other) <input type="checkbox"/> Bed Wetting <input type="checkbox"/> Constipation <input type="checkbox"/> Emotional Disturbances <input type="checkbox"/> Fainting <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Motion Sickness <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Special Diet <input type="checkbox"/> Autism <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Behavioral Disorder <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Other (Specify) _____
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Please explain items that are checked:

Girl Name: _____ Troop # _____

Special Accommodations Requested:

Current Medications (please also state condition being treated)

Sunscreen and Insect Repellent:

As a parent/guardian I accept responsibility for teaching my daughter how to apply sunscreen and insect repellent and will make sure my daughter is appropriately dressed for outdoor activities. I will provide sunscreen and insect repellent as necessary. **Initial** _____

Medical Releases

In the event _____ becomes ill or sustains an injury while in the care of or under the supervision of Girl Scouts of Southern Illinois 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 system and arranging transportation to _____ or the nearest emergency medical facility to receive treatment by a licensed physician. Understand that every effort will be made to contact me, or the person designated by me as my emergency contact. **Initial** _____

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(s). **Initial** _____

Health Information Privacy Statement

The Annual Health History and Permission form is for health care concerns during their participation in Girl Scouts. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor for any activity. Minimal necessary information may be shared with event staff/volunteers to provide adequate participant safety and health care. Access to the information will be limited, but copies may be requested from an event sponsor, by the participant or their legal representative. I have read the above procedures for handling the health and medical form and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. This Annual Health History and Permission form is complete and accurate.

My daughter has permission to engage in all prescribed activities, except as noted by me and the examining physician.

Signature of Parent/Guardian _____ Date _____

Girl Name: _____ Troop # _____

Covid-19 Information

I understand that as with any social activity, use of council facilities or services, or participation in council programs, may present the risk of contracting COVID-19. While council takes safety and preventative precautions, council can in no way warrant that COVID-19 infection will not occur through use of such facilities or services or participation in council programs. The undersigned assumes the risk of contracting COVID-19 and any of its variants. I understand that my daughter/ward will be responsible for following all safety measures in place at the time as required by local and state mandates and/or the facility hosting the activity.

Yes No Initials

Annual Permission Form

Permission for Day Activity Outside Meeting Place:

My daughter/ward has permission to participate in day activities that take place outside of our troop's normal meeting location. I understand that my troop leader will follow the Girl Scout program and *Safety Activity Checkpoints* as outlined by Girl Scouts of the Southern Illinois. For activities that are overnight and beyond, further training and permissions are required by the troop leader.

Yes No Initials

Permission to Survey:

I understand that my daughter/ward may be asked to participate in evaluations and surveys as part of her Girl Scout activities. I understand that her participation is voluntary; she will neither receive compensation of any form for participating, nor will her standing in her Girl Scout programs will be affected if she chooses not to participate. I understand that her confidentiality will be protected, and her name will not be linked with survey results.

Yes No Initials

I have read and understand the Girl Health History and Annual permission Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop leader.

Signature of Parent/Guardian: _____ Date: _____

Please contact Customer Care at customercare@gsofsi.org or 800-345-6858 if you have any questions or concerns.

*Girl Scout Leader-Keep copies with first-aid kit.

www.gsofsi.org

Corporate Service Center

4 Ginger Creek Parkway

Glen Carbon, IL 62034

Phone: 800.345.6858