

**Year-Long Parental Permission Form for Girl Scout Activities**

 **Held Within Girl Scouts of Eastern South Carolina Area**

Your daughter will have various opportunities to participate in Girl Scout Activities with Troop Enter Text Here throughout the year. In each case, the specifics of the activity, associated costs and transportation details will be communicated to you via email or handouts at troop meetings. Signing this permission slip and arranging for your daughter to attend the activity will constitute the written permission necessary for all activities taking place within the Girl Scouts of Eastern South Carolina area. This form does not cover sensitive topics, high risk activities (such as camping, rock climbing, skiing, etc) and other activities that take place outside of the council area.  A separate permission form is required for these activities. Participation in product sales requires a separate form specific to each sale.

My daughter Enter Text Here has my permission to participate in all Girl Scout Activities within the Girl Scouts of Eastern South Carolina jurisdiction with the registered adult leaders of Troop Enter Text Here from Enter Text Here (date) through Enter Text Here (date). She is in good physical health and has not had any serious illnesses or operations since her last health examination. She has received all necessary immunization and vaccinations. I understand that if my daughter is found using drugs or alcohol or is behaving in a manner which is dangerous to herself or event participants, I will be called to come and get her immediately.

**I can generally be reached at the following contact numbers**:

Home #: Enter Text Here Cell #: Enter Text Here Work #: Enter Text Here

**If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:**

Name: Enter Text Here Relationship to girl: Enter Text Here

Home #: Enter Text Here Cell #: Enter Text Here Work #: Enter Text Here

Name: Enter Text Here Relationship to girl: Enter Text Here

Home #: Enter Text Here Cell #:Enter Text Here Work #: Enter Text Here

Physician’s Name: Enter Text Here Phone #: Enter Text Here

Physician’s Address: Enter Text Here

Family Medical/Hospital Insurance: Enter Text Here Policy #: Enter Text Here

I give my permission for the adult in charge of the activity to take my daughter 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 under the supervision of and as deemed necessary by a physician licensed under the Medical Practice Act. I agree to the release of any records necessary for treatment, billing, or insurance purposes. I will not allow my daughter to attend if she has been exposed to any contagious disease or if, for any reason, I do not consider her to be in good physical condition.

**By typing my name in the box below I am offering my digital signature in lieu of my handwritten signature. I understand that my digital signature carries the same legal bindings as my handwritten signature.**

Signature of Parent/Guardian: Enter Text Here Date: Enter Text Here

**Year-Long Troop Health Information**

Girl Scouts of Eastern South Carolina and its volunteers make every effort to provide a safe and secure environment during group meetings. A typical Girl Scout meeting and/or program event may involve songs, active games, refreshments, skits, arts and crafts, and lively discussions. This form does not cover sensitive topics, high risk activities (such as camping, rock climbing, skiing, etc) and other activities that take place outside of the council area.  A separate permission form is required for these activities. Participation in product sales requires a separate form specific to each sale. Extended trips or other physically demanding activities may require additional health history and contact information.

We encourage you, as the parent/guardian, to share information with the leader that may affect your child’s health or safety while in our care. Completion of this form is optional. All information listed is confidential and should only be shared with persons who have a need to know in order to protect the health and safety of all participants. Completed forms are to be destroyed at the end of every membership year, September 30.

Girl’s Name: Enter Text Here Date: Enter Text Here

Girl’s Height: Enter Text Here Girl’s Weight: Enter Text Here Girl’s Date of Birth: Enter Text Here

**EMERGENCY/TRANSPORTATION CONTACT INFORMATION—Include parent/guardian completing form.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | RELATIONSHIP TO GIRL | PHONE | THIS PERSON IS AN EMERGENCY CONTACT | MY DAUGHTER MAY BE RELEASED TO THIS PERSON |
| Enter Text Here | Enter Text Here | Day : Enter Text HereEvening: Enter Text Here Cell: Enter Text Here | [ ] Yes [ ] No | [ ] Yes [ ] No |
| Enter Text Here | Enter Text Here | Day : Enter Text HereEvening: Enter Text HereCell: Enter Text Here | [ ] Yes [ ] No | [ ] Yes [ ] No |

**SPECIAL NEEDS AND HEALTH INFORMATION**—Include any information or special needs that will help the adults in charge to better care for your child, including medications needed and diagnosis if appropriate (all this information will be kept confidential between adults in charge).

Allergies (animals, food, insects, medication, etc.) and how to respond to a reaction: Enter Text Here

Dietary Needs: Enter Text Here

Medications: Enter Text Here

Physical Limitations: Enter Text Here

Other Concerns: Enter Text Here

I give permission for my daughter to take over the counter medication(s) checked below according to the manufacturer’s instructions and at the dosage appropriate for her weight and/or age.

Signature of Parent/Guardian: Enter Text Here Date: Enter Text Here