



GIRL HEALTH HISTORY RECORD

This health history is to be completed and signed by the Parents/Guardians.

Name	Date of Birth	Age
Address	City	State Zip
Parent/Guardian	Troop No.	
In Emergency Notify Name:	Home Phone ()	Cell Phone ()
Name of Family Physician:	Relationship	
Family Medical/Hospital Insurance	Phone ()	
	Policy or Group No.	

I _____ do authorize _____ a representative from the Girl Scout Council of Greater New York, Inc. (Troop Leader, Co-leader, Council Staff, Camp Staff and/or volunteer) to use the medical information below regarding my daughter _____, during troop meetings, trips, camping activities, and other Girl Scout events.

Please check appropriate boxes

- No medical condition exists that would limit participation in any specific activity.
- No known allergies exist.
- My daughter is up-to-date with all immunizations and tetanus shots.
- The following medical condition / allergies exist _____

Please indicate how this condition may limit participation _____

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This authorization shall expire on September 30, 2020.

Signature of Parent/Guardian _____ Date _____

PERMISSIONS

Please read and initial statements at the space provided

TRANSPORTATION

The responsibility of the Troop Leaders ends at the close of the Troop Meeting. Parent or Guardian is responsible for the girl's transportation home. For the Leaders' information, initial one of the following:

- _____ My daughter may walk home from the Troop Meetings.
- _____ My daughter may not walk home from the Troop Meetings. I will arrange for her transportation home.

EMERGENCY CANCELLATION

There is the possibility that the Volunteer Leaders may have to unexpectedly cancel a Troop Meeting.

_____ I will tell my daughter what to do if such an emergency should arise.

UNSCHEDULED ACTIVITIES

Occasionally, the Troop will decide to leave their meeting room for a specific activity. The destination of the Troop will be posted at the regular meeting room, and dismissal of the Troop will be from the regular meeting place at the regular time. No vehicles will be used for this type of spontaneous activity.

_____ I will give permission for my child to participate in unscheduled local activities with her troop during regular Troop Meeting time.

PHOTOGRAPHS

Occasionally, pictures of the girls during Girl Scouts activities are put in local newspapers and displays

_____ I give permission to the Girl Scout Council of Greater New York, Inc. to use photos taken of my child during Girl Scout activities for Girl Scout publicity.

Signature of Parent/Guardian _____ Date _____