

Annual Girl Health History and Permission Form

This form obtains parent/guardian permissions for all meetings during the current Girl Scout year. It also gives permission for the following activities or trips:

- ▶ Located within Girl Scouts - Diamonds council jurisdiction
- ▶ Not exceeding 4 hours of travel time.
- ▶ Not considered high risk/high adventure activities as outlined in Safety Activity Checkpoints.

Separate permission forms are required for activities and trips that fall outside of the categories above. Please see the girl activity permission form on our website.

The information on this form must accompany the the troop leader(s) (paper or electronic versions) at every event, activity, or trip.

This form must be completed by legal guardians only.

I am submitting this form for the _____ to _____ Girl Scout year (ex: 2023-2024).

Girl Scout Information

Full Name: _____ Date of Birth: _____ Age: _____

Is the girl's contact information the same as the legal guardian? Yes No

More information: _____

Legal Guardian Information

Full Name: _____

Phone Number: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Information

Full Name: _____

Phone Number: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Troop Information

Troop Number: _____ Troop Leader's Name: _____

Troop Leader's Email Address: _____

Legal Guardians – Please initial in the permission Boxes

	YES	NO
My child has permission to travel to, attend and participate in troop and council-sponsored events that are: 1) not overnight 2) not a high-risk Girl Scout activity. The troop leader will notify parents of all planned activities. By checking “no”, I am requesting to sign individual permission slips for each activity.		
When participating in Girl Scout activities, I give consent for myself, other members of my family and my Girl Scout(s) to be interviewed, photographed, recorded, or electronically imaged for the purposes of promotional materials, news releases, or other published formats for either Girl Scouts - Diamonds of Arkansas, Oklahoma and Texas or Girl Scouts of the USA. The images will be the sole property of Girl Scouts - Diamonds of Arkansas, Oklahoma and Texas. I hereby release and hold harmless Girl Scouts - Diamonds of Arkansas, Oklahoma and Texas and Girl Scouts of the USA from any claim arising from the use of these images.		
In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give Girl Scouts - Diamonds of Arkansas, Oklahoma and Texas authorization to seek treatment for my child and/or dependant minor from a licensed physician. I know of no reason(s) why my child may not participate in these activities, except as noted on the health history form. By checking “no”, I understand that I will need to provide a statement providing the reason.		
I understand that during the course of an activity, my child may be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the troop leader about any needs that my child may have in regards to sensitive topics. I am confident of her maturity and ability to participate. For planned discussions, the troop leader will inform parents of dates and topics that will be discussed.		
	I understand and agree	
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 - Diamonds of Arkansas, Oklahoma and Texas (Girl Scouts - Diamonds) takes every safety and preventative precaution, Girl Scouts - Diamonds can in no way warrant that COVID-19 infection will not occur through participation in Girl Scout programs, event, activities, etc.		
I will not allow my girl to attend Girl Scout programs, events or activities if I do not consider her to be in good physical condition or if she has been exposed to any contagious disease. I know of no reason(s) why my child may not participate in these activities, except as noted on this health history form.		

	I understand and agree
<p>Tips for ensuring your Girl Scout(s) has the best possible program experiences this year:</p> <ul style="list-style-type: none"> ▶ Provide supervision for your child before and after Girl Scout activities – never leave her unattended ▶ Inform the troop leader if any information provided in this form changes, such as phone numbers and health conditions. ▶ Pick up your child on time. ▶ Return requested paperwork on time. ▶ Inform the troop leader if your child will be absent. ▶ Ensure that the emergency contact you provided in this form is available. ▶ Encourage your Girl Scout(s) to model the law and promise. ▶ Stay engaged in your Girl Scout(s) program experiences and help your troop leader as much as possible. Girls who have at least one adult in Girl Scouts who makes them feel valuable and helps them think about their future exhibit stronger leadership outcomes than their peers who lack this support. 	
<p>Health and Safety are top priorities to myself and Girl Scouts - Diamonds of Arkansas, Oklahoma and Texas.</p> <p>I promise to:</p> <ul style="list-style-type: none"> ▶ Stay safe and help others stay safe. ▶ Help when I can. ▶ Be a good health and safety role model for my fellow Girl Scouts. Follow Girl Scouts - Diamonds safety standards and policies, and encourage others to do the same. ▶ Never compromise my own safety or the safety of other Girl Scout participants. ▶ Actively look for hazards, report them and take action to warn others. ▶ Be guided by the Girl Scout law. 	

Girl Scout Health Information

Name of Family Physician: _____ Phone: _____

Family Medical Insurance Policy Number: _____

Date of Last Tetanus Shot: _____ Date of Last Health Examination: _____

Recent Injuries or Surgeries: _____

Current Prescriptions Medications: _____

Restricted Physical Activities: _____

Present Medical Conditions (Examples: ADHD, Asthma, Diabetes, Seizures): _____

Current Allergies: _____

Immunizations up to date? Yes No

My child requires the following special accommodations (enter NA for none): _____

I have read and understand this annual permission and health history form. I may change or revoke any aspect of this form by submitting a written request to the troop leader. I certify that this permission and health history form is complete and accurate.

I understand that electronic signatures on this form must be from a secure qualified trust service provider (QTSP), such as DocuSign.

Legal guardian's signature: _____ Date signed: _____

Full legal name of guardian that signed above: _____