Girl Scouts – North Carolina Coastal Pines
P.O. Box 91649, Raleigh, NC 27675-1649
(800) 284-4475 or (919) 782-3021

PARENT/GUARDIAN PERMISSION FOR TROOP OUTINGS

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 away from the meeting place. 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 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.

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 AND/OR ADULTS

(Adult participants please fill out the Health History portion only.)

Name of Participant _____ Date of Birth _____ Age _____

Name of Participant's Physician _____ Telephone # (___) ___ - _____

Date of last physical _____

Family Medical/Hospital Insurance Carrier _____ Policy # _____ Group # _____

Is your daughter currently under a physician's care for a medical problem? If so, explain: _____
List any allergies your daughter/ward may have (i.e., Pollen, insect stings, etc.) _____
List any other health conditions (i.e., nosebleed, emotional disturbances, menstrual cramps, motion sickness, etc.). Please explain. _____

Immunization	Year Primary Series Completed	Year of Last Booster	This information is confidential and will only be shared with persons who have a need to know in order to protect the health and safety of the participant.
D.P.T. (Diphtheria, Tetanus, Whooping Cough)	_____	_____	

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/me. 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 or adult participant Date/ Updated Date

Girl's Name _____

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.

Girls may keep asthma sprays, epi-pens, insect repellent, sunscreen, or Chapstick with them if they know how to use them with prior permission from the adult in charge of first aid. All other medication must be turned in to 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	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 _____