

## PARENT/CAREGIVER PERMISSION FORM

Use this form for special troop activities and return it promptly to your troop leader in order to ensure participation in the event. **Instructions:** Troop leader fills out Section 1. Parent/caregiver signs Section 2 and returns to troop leader before participation.

### Section 1

Troop/Group #: \_\_\_\_\_ is planning a \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Phone: \_\_\_\_\_ Location: \_\_\_\_\_

Arrangements for transportation: \_\_\_\_\_

Time/place of departure: \_\_\_\_\_

Time/place of return: \_\_\_\_\_

Mode of transportation: \_\_\_\_\_

Leaders accompanying the children:

Name(s): \_\_\_\_\_

Each child will need to bring:

Expenses: \_\_\_\_\_

Equipment and clothing: \_\_\_\_\_

In case of an emergency, the leader will notify the at home contact person who will immediately notify the caregivers.

At home contact's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Leader's signature: \_\_\_\_\_ Phone: \_\_\_\_\_

- Sensitive Issues Activity**—If this box is checked we plan to take part in activities involving sensitive issues. Attendance is optional for all or part of the activities.
- High Risk Activity**—If this box is checked we plan to take part in activities that could be considered high risk. Attendance is optional for all or part of the activities.

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*(Detach and return to troop leader)*

### Section 2

My child, \_\_\_\_\_ has permission to participate in \_\_\_\_\_  
\_\_\_\_\_  Yes  No

During the activity, I may be reached at \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

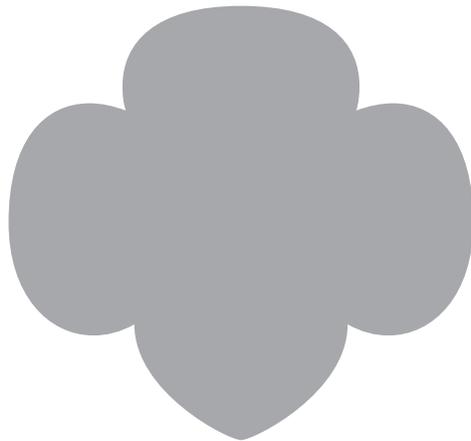
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional remarks: \_\_\_\_\_

- Sensitive Issues Activity**—I understand that my child will participate in activities that could be considered sensitive. I am confident in their maturity and am comfortable with their participation.
- High Risk Activity**—I understand that my child will participate in activities that could be considered high risk. I am confident in their health and ability to participate.

**Parent/Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to your troop leader.



# GIRL SCOUT HEALTH HISTORY FORM

The Troop leader must retain a copy of the Health History Form for each troop member and keep ALL information CONFIDENTIAL. Adults completing this form may sign for themselves on the Parent/Guardian signature line. Submit this form on or before the event. PARTICIPANTS WILL NOT BE ABLE TO ATTEND WITHOUT THIS COMPLETED FORM.

## CONTACT INFORMATION

Name: Last	First	Middle	D.O.B.	Age
Street Address			City/State/Zip	
Male <input type="checkbox"/> Female <input type="checkbox"/>				
Custodial Parent/Guardian	Day/Work Phone	Evening/Home Phone	Cell/Mobile Phone	
2 <sup>nd</sup> Parent/Guardian	Day/Work Phone	Evening/Home Phone	Cell/Mobile Phone	
Street Address (if different from girl)			City/State/ZIP	

If an emergency arises, and parent/guardian can't be reached, please contact the following people: (Adult participants, please list emergency contacts here.)

Name _____	Phone _____	Relationship _____
Name _____	Phone _____	Relationship _____

## HEALTH INFORMATION

Name of Physician \_\_\_\_\_ Clinic Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Is the participant covered by medical insurance? Yes  No  If so, please list plan name: \_\_\_\_\_

Please answer the following questions completely. Use the back side of page if necessary.

**Does the participant have any health concerns we should be aware of?**

If so, please provide any important information, such as symptoms to watch for or care needs.

**Does the participant have any allergies?** If so, please explain the cause, reaction, and how it should be handled.

**Does the participant have any specific dietary needs or restrictions?** If so, please describe.

**Does the participant take any medications?** If medications need to be distributed at event, please give them to the troop leader or council staff with a note giving permission and specific instructions.

Is participant up to date on basic immunizations? Yes  No

Has participant had a current tetanus shot? Yes  No  If so, please list date: \_\_\_\_\_

**Does participant have any emotional, psychological, or behavioral health concerns we should be aware of?**

If so, please list any relevant information on how we can support these needs.

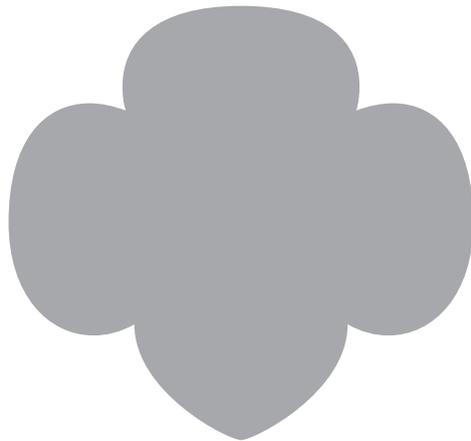
**IMPORTANT - SIGNATURE REQUIRED FOR ATTENDANCE**

**Parent/Guardian Authorization:** This health history is correct and complete as far as I know, and the person herein described has permission to engage in all activities except as noted. I hereby give permission to the Girl Scouts of the Northwestern Great Lakes, Inc. to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the Girl Scouts of the Northwestern Great Lakes, Inc. to arrange necessary related transportation for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Girl Scouts of the Northwestern Great Lakes, Inc. to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips to all activities.

Signature of Parent/Guardian or Adult Participant

Date

Please return this form to your troop leader.





# Meet My Girl Scout

Please fill out this questionnaire to share more about your Girl Scout and how to support them! This information stays with your troop leader, to help them get to know your Girl Scout and give them the best experience possible.

What is your Girl Scout's name? \_\_\_\_\_

What is your Girl Scout's nickname or preferred name? \_\_\_\_\_

What pronouns does your Girl Scout use?  She/her/hers  He/him/his  They/them/theirs  
 Something else: \_\_\_\_\_

What language does your family prefer information in?  English  Hmong  Spanish  
 Another language: \_\_\_\_\_

What holidays does your family celebrate?  Christian holidays  Islamic holidays  Jewish holidays  
 United States federal holidays  
 Another holiday or set of holidays: \_\_\_\_\_

Does your family have any religious or values-based food requirements?  Halal  Kosher  Vegan  Vegetarian  
 Another food requirement: \_\_\_\_\_

What makes your Girl Scout feel welcome in a new setting?

What helps your Girl Scout work through friendship challenges?

What helps your Girl Scout pay attention and learn?

What might make your Girl Scout feel hurt, scared, or upset?

How does your Girl Scout show they are hurt, scared, or upset?

How does your Girl Scout like to be supported when they are hurt, scared, or upset?

What specific accommodations, activity modifications, additional help, or tools will help your Girl Scout have a successful experience?

Overnights & Fieldtrips: Showers, changing areas, and sleeping spaces may be communal areas shared with other Girl Scouts. What privacy needs does your Girl Scout have?

Facilities as is, no specific accommodations

Some privacy accommodations

Describe:

**In facilities where requested accommodations are not possible, caregivers and troop leaders should work together to find another solution so that all Girl Scouts can participate.**

Is there anything else we should know or do to best support your Girl Scout?

# PARENT/CAREGIVER HELP FORM

**Girl's Name**

\_\_\_\_\_

**Parent/Caregiver's Name**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip :** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Are there any times of days your girl cannot participate in Girl Scouts?**

\_\_\_\_\_

**When are you able to help with Girl Scout Troop activities? (circle all that apply)**

After school

Evenings

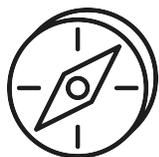
Weekends

**What are ways you or someone in your family can help with the troop?**  
(check all that apply)

- Be a driver for field trips (our vehicle has room for \_\_\_\_ total girls).
- Be a troop secretary and track awards, send parent/caregiver updates, keep planning notes.
- Provide a snack for a troop meeting.
- Help plan and organize troop meeting activities, parties, or ceremonies.
- Help out occasionally at troop meetings.
- Shop for troop supplies.
- Take pictures at troop meetings and outings.
- Babysit the troop volunteers' children during meetings, trips, or training sessions.
- Go camping with the troop.
- Attend troop outings and be the First Aider.  
(I am certified in Adult & Pediatric First Aid/CPR/AED.)
- Track troop finances as the Troop Treasurer.
- Assist with the Cookie Program (January–April commitment).
- Assist with the Fall Product Program (September–November commitment).

**Other:** \_\_\_\_\_

Bring new experiences to girls in these four foundational Girl Scout program areas to help them complete badges and other earned awards. Share your special skill or hobby with Girl Scouts! List any certifications you have in these areas. Are you connected to other people and organizations who could help?



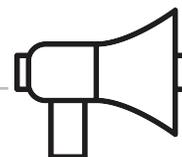
What **OUTDOOR** skills and hobbies can you share with the troop?



What **STEM** skills and hobbies can you share with the troop?



What **ENTREPRENEURSHIP** skills and hobbies can you share with the troop?



What **LIFE SKILLS** and hobbies can you share with the troop?