girl scouts of connecticut

ANNUAL CONSENT FORM

Please keep this form with your Troop/Group

Girl Scout's Name (please print) Phone

Address City ST Zip

Parent/Guardian Permission for medical treatment, transportation, publicity, troop/group meetings, money-earning activities, and product sale activities.

Initial if you agree with the following:

_____**Permission for Troop and Council-Sponsored Activities:** My daughter/ward has permission to travel to, attend, and participate in troop and council-sponsored activities that are 1) located within CT, 2) not considered high adventure activities, and 3) not an overnight activity.

_____I give consent for my Girl Scout to be interviewed, photographed, videotaped, or electronically imaged for the purposes of promotional materials, news releases, or other published formats** for either the local Girl Scout Council or Girl Scouts of the USA. The images will be the sole property of the local Girl Scout Council or Girl Scouts of the USA. I hereby release and hold harmless the local Girl Scout Council and Girl Scouts of the USA from any claim arising from the use of these images.

_____In case of an emergency, I hereby authorize Girl Scout adults and/or a currently certified first aider to give necessary first aid/CPR to my Girl Scout. I also authorize the person in charge to obtain and consent to, on my behalf, whatever medical diagnosis treatment is deemed necessary or advisable by such person for the well-being of my Girl Scout.

_____Troop/Group adults have my permission to transport my Girl Scout on a troop/group trip or in case of an emergency.

_____My Girl Scout may participate in product sale programs (Treats and Reads Program & Girl Scout Cookie Program) and use appropriate on-line resources. I agree to accept responsibility for all products and money she receives and will see that she has adult supervision at all times while doing product sale program activities. I understand that no rewards will be given unless all money is turned in to the Troop/Group Product Sales Manager or designee by the due date.

_____As with any social activity, participation in in-person Girl Scouts activities could present the risk of contracting illness (*e.g.* COVID-19). While Girl Scouts of Connecticut (GSOFCT) takes every safety and preventative precaution, GSOFCT can in no way warrant that illness will not occur through participation in GSOFCT programs or troop activities. Participation may lead to exposure, illness, or quarantine requirements.

Parent/Guardian Agreement: I have read and understand the Girl Health History and Annual Consent Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/group co-leader.

Parent/Guardian Name (Please print) Parent/Guardian Signature Date

2nd year Parent/Guardian Signature Date

***The term "published formats" incorporates the council website www.gsofct.org, but images used on the website and elsewhere, with the possible exception of the council newsletter, will **NOT** reveal a person's full name and town. Girl Scout websites are required to comply with council website and print safety restrictions. Girl Scout members should not send to local or council publicity contacts photos of any girl whose parent/guardian has not completed an Annual Consent Form.*

girl scouts of connecticut

GIRL SCOUTS OF CONNECTICUT

www.gsofct.org 1-800-922-2770

GIRL HEALTH HISTORY

- To be completed by parent/guardian.
- This form should provide current information for troop/group meetings, including troop/group trips of less than three (3) nights, and for events.

Give completed form to Troop/Group Leader or Event Facilitator/Coordinator.
For trips three nights or more, also complete the Girl Health Record Form.

Participant Information

Name (Last, First, Initial)	Parent/Guardian	Birth Date	Age
Address	City	ST	Zip
Home Phone	Work Phone	Cell Phone	
In Emergency Notify (Secondary Contact)	Address	Relationship to Girl	
Home Phone	Work Phone	Cell Phone	

Insurance Information (Optional) This information may be released, if necessary, for insurance purposes.

Carrier	ID Number	Group Number
Member Services Phone Number	Address	I accept full responsibility for the costs of any medical care/treatment I have hereby authorized.
Licensed Physician's Name and Phone Number	Name	Phone Number

A. Health History (Check all that apply.)

Diseases

- ☐ Kidney
- ☐ Lyme
- ☐ Mumps
- ☐ Measles
- ☐ Tuberculosis
- ☐ Chicken Pox
- ☐ Rheumatic Fever
- ☐ German Measles
- ☐ Other _____

Allergies

- ☐ Animals
- ☐ Food
- ☐ Hay Fever
- ☐ Insect Stings*
- * If yes, antidote must be provided.
- ☐ Plants
- ☐ Pollen
- ☐ Medicine/Drugs _____
- ☐ Other _____

Chronic or Recurring Illness

- ☐ Seizures
- ☐ Asthma
- ☐ Arthritis
- ☐ Sinusitis
- ☐ Diabetes
- ☐ Hypertension
- ☐ Ear Infections
- ☐ Heart Defect/Disease
- ☐ Bleeding Disorders
- ☐ Musculoskeletal Disorders
- ☐ Frequent Headaches
- ☐ Other _____

Impairments: ☐ Speech ☐ Hearing ☐ Sight ☐ Physical_____ ☐ Other _____

☐ Tetanus Shot_____Last Booster Date

My Girl Scout has permission to take or use the following over-the-counter medications if provided by me in their original container with a signed Permission to Give Over-the-Counter Medication form.

- ☐ Acetaminophen (i.e. Tylenol)
- ☐ Ibuprofen (i.e. Advil)
- ☐ Antacids (i.e. Tums)
- ☐ Calamine lotion (i.e. Caladryl)
- ☐ Antibiotic Ointment (i.e. Bacitracin/Bactoban)
- ☐ Wound Wash and/or Hydrogen Peroxide
- ☐ Antihistamine (i.e. Benadryl/Sudafed)
- ☐ Antidiarrhea (i.e. Pepto-Bismol)
- ☐ Hydrocortisone Cream
- ☐ Expectorant (i.e. Robitussin)
- ☐ Alcohol-Vinegar Solution(i.e. Swimmer's Ear)

Does participant carry an Epi-pen? ☐ Yes ☐ No
Does participant carry an Inhaler? ☐ Yes ☐ No

Participant may self-administer ☐ Yes ☐ No
Participant may self-administer ☐ Yes ☐ No

Restrictions (The following restrictions apply to this individual.)

Does not eat: ☐ Red meat ☐ Pork ☐ Poultry ☐ Seafood ☐ Dairy products ☐ Eggs ☐ Peanuts ☐ Wheat ☐ Gluten ☐ Other

Explain any restrictions to food or activity (e.g., what cannot be done, what adaptations or limitations are necessary). Attach explanation if needed.

General Questions (Explain "yes" answers below.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness, or infectious disease?	☐	☐	7. Have frequent nosebleeds?	☐	☐
2. Ever had a head injury?	☐	☐	8. Have a history of bedwetting?	☐	☐
3. Wear glasses, contacts, or protective eye wear?	☐	☐	9. Have any skin problems (e.g., itching, rash)?	☐	☐
4. Ever passed out during exercise?	☐	☐	10. Have problems with diarrhea/constipation?	☐	☐
5. Have problems with sleepwalking?	☐	☐	11. Have severe menstrual cramps?	☐	☐
6. Ever had emotional difficulties for which professional help was sought?	☐	☐	12. Have an orthodontic appliance being brought to activity?	☐	☐

Please explain any "yes" answers, noting the number of the questions. Attach additional explanations, if needed.

Health Information Privacy Statement and Permission to Treat

The Girl Health History is for health care concerns. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor of the specific event, Event Coordinator, or the Troop/Group Leader. Minimal necessary information may be shared with event staff/volunteers in order to provide adequate participant safety and health care. I have read the above procedures for handling the health form information, and I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

This health history is complete and accurate. My Girl Scout has permission to engage in all prescribed activities, except as noted by me. I hereby authorize troop/group adults and/or Event Coordinators to give necessary First Aid/CPR to my Girl Scout and authorizethe person in charge to obtain and consent, on my behalf, to whatever medical diagnosis treatment is deemed necessary or advisable for the well-being of my Girl Scout. I also authorize troop/group adults and/or Event Coordinators to transport my Girl Scout in case of emergency.

*Signature of Parent/Guardian Date 1st year:

I have reviewed my Girl Scouts' above health information and verify that all information is complete and accurate.

*Signature of Parent/Guardian Date 2nd year:

*Original signature is required