girl scouts of central indiana

Girl Scouts of Central Indiana

Blanket Permission/Health History

Program year 20_____ -20_____

(Leader's name)_____, as leader of troop #_____ of Girl Scouts of Central Indiana Council, has my permission to take, (girl's name) _____ outside of our meeting place for playing games or short hikes around the block.

Signature of parent/guardian _____ Date_____

Health history information is optional

Indicate information useful to the adult in charge of any health conditions affecting your Girl Scout.

Indicate any activities to be restricted for your Girl Scout.

Name of family physician_____ Physician's phone (_____) _____
Family medical/hospital insurance carrier_____ Policy or group # _____

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities. I am aware that this health information will be released in the event of an emergency.

When the troop makes plans that include an activity away from the meeting place, such as a longer hike, a picnic or an overnight camping trip, I will be notified by another type of form known as a special permission form. This form will give detailed information about the activity.

Signature of parent/guardian _____ Date_____

This form should be completed and kept with the troop each membership year.