



**Girl Scouts Heart of the Hudson  
New City Regional Office  
211 Red Hill Road, New City NY 10956**

**Permission to Participate in:**

**Council Events**       **Troop Camping**       **Overnight Activities**

Check appropriate box above. This form includes *Permission to Treat* in a medical emergency. Use for activities noted above, whether they take place inside or outside of council. Please complete both sides of this form.

**Permission to Participate:**

My daughter/child, \_\_\_\_\_, age \_\_\_\_ has my permission to participate in

**Canoeing & Swimming** \_\_\_\_\_ with **Troop 96/Kamikazes** on **M-W-F March-April-May**  
(Activity/Event) (Troop/Group) (Date)

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

**Emergency Contact Information:**

**During this activity/event I can be reached at:**

Address \_\_\_\_\_  
No. and Street City State Zip

Phone # Day: (\_\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_\_) \_\_\_\_\_  
 Cell: (\_\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_\_) \_\_\_\_\_

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

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
No. and Street City State Zip

Relationship to participant \_\_\_\_\_

**Physician:**

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_  
No. and Street City State Zip

**Permission to Treat:**

*In case of an emergency, every effort will be made to contact a parent/guardian. In the event that neither can be reached the following will allow treatment to be given in those communities which accept such a form.*

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in the event/trip as described above. In an emergency, when neither I nor the person named above can be reached, I hereby authorize the troop/group leader to take any action deemed necessary for the best interests of my daughter, including providing or arranging transportation to a physician's office and/or emergency room. Permission is granted to *medical personnel* selected by the troop/group leader to provide needed care including: routine health care, administration of medications, X-rays, routine tests and treatment.

\_\_\_\_\_  
(Parent/Guardian Signature) (Date)

**Medication Instructions:**

The troop/group leader must be informed in advance of all medications required by the participant. All prescription and over-the-counter medications must be provided by the parent/guardian, in their original containers, and labeled with the participant's name. Prescribed medications must have the original pharmacy label with physician's name and prescribing information. All medications must be administered in the prescribed dosage, by or in the presence of a responsible adult, according to written instructions provided by the parent/guardian below. All medications must be retained by the troop/group leader. Exception is made in the case of participants who need to carry and administer an asthma inhaler or epinephrine auto-injector.

**During this activity my daughter will require the following medication(s):**

Medication	Dosage/Frequency	Comments (Please specify if medication must be carried by participant, and indications for administration of OTC medication.)

I give permission for the adult in charge to administer or supervise administration of prescribed and over-the-counter medications as indicated above.

My daughter is allergic to the following medications: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Health History Update:**

*In addition to this form, troop/group leaders must have a completed health history form for each participant available throughout the event. Either the Health History Record: Girl and Adult provided by the Girl Scout Heart of the Hudson Council, or the Girl Health History Record provided by GSUSA on the back of the girl membership registration form is acceptable for this purpose.*

I have provided the troop/group leader with my daughter's signed health history, completed within the past 12 months.

**Update:** *If the participant has developed a known complicating medical problem, has had a serious illness or injury, or has undergone surgery since the health history form was completed, please complete the following:*

Hospitalization/Surgery: \_\_\_\_\_ Date: \_\_\_\_\_

Serious illness/injury: \_\_\_\_\_ Date: \_\_\_\_\_

Other diseases/disabilities or any current health condition requiring, medication, treatment, or special restriction or consideration while at the event: \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**NOTE:**

- If this form is for a troop activity, it should be returned to and is retained by the *troop leader*. If the troop has Health History Records on file for each girl, the parents need only fill in the *Update*.
- If this form is for a council sponsored activity, trip, or event, it must be forwarded to the *council office* along with the event registration or prior to the event.
- If a girl is attending a council event as an individual, a copy of the complete Health History Record must accompany this form, just completing the *Update* section will not suffice.
- If an *adult* is planning to attend this activity, she/he must also provide a copy of this health history form.