

GENERAL PERMISSION / HEALTH HISTORY

Date of Birth (mm/dd/yyyy) _____ First Name _____ Last Name _____

Guardian 1 Name _____ Guardian 2 Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

If the parent/guardian cannot be reached, the following person is authorized to act on their behalf:

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Please note any health condition or concern that should be considered during activities.

- | | | |
|--|---|-----------------------------------|
| <input type="radio"/> Asthma | <input type="radio"/> Diabetes | <input type="radio"/> Other _____ |
| <input type="radio"/> Heart Disease | <input type="radio"/> Convulsions | <input type="radio"/> Other _____ |
| <input type="radio"/> Glasses/Contact Lenses | <input type="radio"/> Kidney/Bladder Problems | <input type="radio"/> Other _____ |

Allergies PLEASE SPECIFY

- Asthma _____
- Medicine/Drugs _____
- Foods _____
- Hay Fever _____
- Insect Stings _____
- Other _____

_____ is my/our daughter or a girl in my/our legal custody. I/we have full authority to give this permission. She has my/our permission to participate in all Girl Scout troop meeting and activities less than four hours in length, conducted or sponsored by Troop # _____, to which she is registered, or which are conducted or sponsored by the Girl Scouts–Arizona Cactus-Pine Council, Inc.

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While GSACPC attempts to take every safety and preventative precaution, GSACPC can in no way warrant that COVID-19 infection will not occur through participation in GSACPC programs.

Signature of Parent/Guardian

Date

When participating in Girl Scout activities I may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for either the local Girl Scout Councils or Girl Scouts of the USA. The images will be the sole property of either the local Girl Scout Council or Girl Scouts of the USA.

I wish to opt out at this time.