Girl Scouts - North Carolina Coastal Pines

girl scouts
north carolina
coastal pines

International Travel Health & Permission Form

Please complete and submit this form to your trip leader at least 30 days prior to departure.

SECTION ONE – CONTACT INFORMATION

PARTICIPANT INFORMATION

Destination:		Travel Dates:		
Participant Name (First) (Middle) (Last)		Home Phone ( )	Date of Birth	
Address	City		State	Zip
Email Address				

PARENT/GUARDIAN INFORMATION

Participant is under the custodial care of:
❒ Both Parents/Guardian ❒ Mother/Female Guardian Only ❒ Father/Male Guardian Only ❒ Other

Name of Parent/Guardian:		Relationship:
Email:	Work/Day Phone ( )	Cell Phone ( )
Name of Parent/Guardian:		Relationship:
Email:	Work/Day Phone ( )	Cell Phone ( )

EMERGENCY CONTACT *(individual not on the trip)*

Primary Emergency Contact:		Relationship:
Email:	Work/Day Phone ( )	Cell Phone ( )
Secondary Emergency Contact:		Relationship:
Email:	Work/Day Phone ( )	Cell Phone ( )

HEALTH INSURANCE INFORMATION

Please attach a copy of your insurance card to this form.

SECTION TWO – HEALTH HISTORY

ALLERGIES *(Animals, Food, Hay Fever, Insect Stings, Medicine/Drugs, Plants, Pollen, etc)*

Allergen:	Reaction:
Treatment Plan:	
Allergen:	Reaction:
Treatment Plan:	
Allergen:	Reaction:
Treatment Plan:	

DIETARY RESTRICTIONS *(check all that apply)*

❒ Vegetarian	❒ Nut Allergy	❒ No Eggs
❒ Vegan	❒ No Fish or Seafood	❒ No Poultry
❒ Kosher	❒ No Shellfish	❒ Special Diet
❒ Gluten Intolerance	❒ No Red Meat	❒ Other________________________
❒ Lactose Intolerance	❒ No Pork	________________________________

Please describe in detail any dietary restrictions or special dietary regimens:

CHRONIC OR RECURRING ILLNESSES *(check all that apply)*

❒ Ear Infections	❒ Skin Problems	❒ Sickle Cell Trait or Disease
❒ Hearing Impairment	❒ Musculoskeletal Disorders	❒ Asthma
❒ Nosebleeds	❒ Joint Problems	❒ Immunodeficiency
❒ Motion Sickness	❒ Diabetes	❒ HIV
❒ Bed Wetting	❒ Fainting	❒ Hepatitis
❒ Constipation	❒ Heart Defect/Disease	❒ Other________________________
❒ Sleep Disturbances	❒ Bleeding Disorders	________________________________
❒ Sleep Walking	❒ Hypertension	

Please describe any of the checked items above:

FEMININE HYGIENE

Has your girl menstruated?	If no, does she know what to expect?	If yes, does she have permission to use:
❒ Yes ❒ No	❒ Yes ❒ No	❒ Maxi Pads ❒ Tampons
❒ Abnormal Menstrual History		

MENTAL, EMOTIONAL, & SOCIAL HEALTH *(check all that apply)*

❒ Homesickness	❒ Disordered Eating	❒ Emotional Disturbances
❒ Attention Deficit Disorder	❒ Obsessive Compulsive Disorder	❒ Other________________________
❒ Depression	❒ Panic or Anxiety Disorder	________________________________
❒ Learning or Processing Challenge	❒ Substance Abuse	

Please describe any of the checked items above:

Is there other health information that would be relevant for this trip? Medical appliances, illness history, etc.

IMMUNIZATION HISTORY

It is recommended that participants are up to date on immunizations and vaccinations prior to travel. For more information, please consult the Vaccines & Immunizations information from the Centers for Disease Control and Prevention for recommended immunizations based on your travel destination.

❒ All immunizations and vaccinations are up to date ❒ Participant has exemption from immunization

Signature of Parent/Guardian: ____ Date: ____________________

Date of last tetanus shot (mm/yyyy)

 Participant Name: _____________________________ Date of Birth: _____________

PERMISSION FOR OTC MEDICATIONS FOR MINORS *(check all that apply)* – All prescription and OTC medications must be given to the troop First Aider or Trip Leader.

Written parental consent is required before a minor (under 18) Girl Scout may be given any medication or treatment of any kind. During trips or at events, minors may need medication for ailments such as headaches, stomachaches, diarrhea, or a low-grade fever. They might need sunscreen, insect repellent or Chapstick. You **MUST** send any over-the-counter medication your minor may need in the original bottle/package (INCLUDING ASPIRIN, TYLENOL, ETC.). Prescription drugs must be in the original bottle/package with the physician's instructions for administering them. Put all drugs in their original bottle/package in a Ziploc bag and label it with your minor's name. Medication will be available from the adult in charge of first aid and can be given as specified by instructions on the label for prescription drugs or by written instructions from parents/guardians for over-the-counter drugs.

Minors may keep asthma sprays, epi-pens, insect repellent, or sunscreen with them if they know how to use them with prior written permission from parents/guardians or from the adult in charge of first aid. All other medication must be turned into the adult in charge of first aid, unless the minor has a note signed by a physician stating otherwise.

❒ Acetaminophen (Tylenol) ❒ Ibuprofen (Advil) ❒ Pseudoephedrine (Sudafed) ❒ Diphenhydramine (Benadryl)
❒ Calcium Carbonate (Tums) ❒ Loperamide Hydrochloride (Imodium) ❒ Bismuth Subsalicylate (Pepto Bismol)
❒ Guaifenesin (Mucinex) ❒ Dextromethorphan HBr/Guaifenesin (Robitussin) ❒ Day Quil ❒ Ny Quil
❒ Throat Lozenges ❒ Cough Drops ❒ Fortamine (Claritin) ❒ Triple Antibiotic Cream (Neosporin) ❒ Aloe Vera Gel
❒ Hydrocortisone (Cortizone) ❒ Benzocaine (Orajel) ❒ Zinc Oxide (Desitin) ❒ Saline Eye Drops ❒ Sunscreen
❒ Insect Repellent ❒ Chapstick ❒ Alcohol/Vinegar Solution (Swimmer's Ear)

I give my permission for my minor,_____________________________________, to take the medications listed above.

Signature of Parent or Legal Guardian _________________________________

PRESCRIPTION & OTHER DAILY MEDICATIONS

Does your girl take any prescription or other mediations on a daily basis? ❒ Yes ❒ No
If yes, please fill out the Medication Form below

MEDICATIONS

CURRENT MEDICATIONS

Medication	Dosage	When Given	Reason
		❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other _______________	
		❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other _______________	
		❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other _______________	
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