

III. Check if child wears any of the following:

Contact Lenses Glasses Dental Appliance Other _____

Please List All Current Medications

Are any needed during troop/group activities?

Yes No – If yes, please list which ones below:

1. _____	Dosage: _____	Time: _____
2. _____	Dosage: _____	Time: _____
3. _____	Dosage: _____	Time: _____
4. _____	Dosage: _____	Time: _____

The Following Over the Counter Medicines May Be Given to My Child

Tylenol	Yes	No	_____	Ibuprofen	Yes	No	_____
			Dosage				Dosage
Benadryl	Yes	No	_____	Aspirin	Yes	No	_____
			Dosage				Dosage

I do not give my consent for any of the OTC medicines, listed above, to be given to my child.

Treatment Authorization

Parent/Guardian Statement:

- This health history is complete and accurate. I know of no reason(s), other than indicated on this form, why my child should not participate in troop/group activities except as noted. I authorize the Girl Scout adult in charge to consent to medical treatment when either I or my assignee cannot be contacted. I understand every effort will be made to contact me before such action. I assume financial responsibility for emergency care if such care is not covered by GSUSA Activity Accident Insurance.
- I hereby authorize troop/group adults to give necessary first aid to my Girl Scout. I also authorize the person in charge to obtain and consent on my behalf to whatever medical diagnosis or treatment is deemed necessary or advisable by such person for the well-being of my Girl Scout.
- If any information on this form changes, I will update the form with the appropriate information as soon as I am able.

Parent/Guardian Signature:

Date:

Publicity/Transportation/General Girl Scout Activities Authorization

Parent/Guardian Statement:

- I give my permission for my Girl Scout to participate in regular Girl Scout activities, including troop/group meetings, troop money-earning activities, etc.
- I give my permission for my Girl Scouts photo to be included in videotapes, broadcast media, print media and/or her name and picture to be used in Girl Scout publicity and materials.
- Troop/Group adults have my permission to transport my Girl Scout on a troop trip or in case of an emergency.

Parent/Guardian Signature:

Date: