

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Date of Birth (mm/dd/yyyy) _____ # of Years as a Girl Scout _____ School Grade _____ School Name _____

Guardian 1 Name _____ Guardian 2 Name _____

_____ 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 program and activities 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.

Signature of Parent/Guardian Date

Girl Scouts respects and welcomes people from all backgrounds and abilities. By completing the following information (as defined by the US Census), you ensure support and funding for girls in your community. Hispanic/Latina is defined as an ethnicity, not a race, therefore reported separately. This information is used for statistical purposes only.

She is (check all that apply)

- American Indian or Alaskan Native Asian Black or African American
 Hawaiian or Pacific Islander White Other _____
 I choose to not share at this time.

She is Hispanic or Latina Yes No I choose to not share at this time.

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.

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

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

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

- Asthma Heart Disease Glasses/Contact Lenses
 Diabetes Convulsions Kidney/Bladder Problems

Other _____
 Other _____

Allergies – please specify

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

The following information is commonly requested by the emergency treatment facility: Last Tetanus (approx date) _____

In case of sickness or accident, I/we, give permission for medical attention and the administration of medication and treatment as prescribed by the girl's physician or as determined by an available physician, nurse, health professional or first aider.

- She needs or may need any of the following medications, i.e. inhaler, Epipen, dietary needs, or specific accommodations during her activity participation with her troop or individually: (Write "NONE" if there are none.)

- Physicians, nurses, health professionals or first aiders MAY NOT administer the following medicines or treatments: (Write "NONE" if there are no restrictions.)

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted. If I cannot be reached in the event of any emergency, the troop leadership may act on my behalf by providing for emergency medical treatment and/or transportation.

Signature Date

Name of Doctor/Healthcare Provider Phone

Name of Insurance Provider (if any) Policy/Group #