

# 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.