

**This form must be completed by parent(s) of each registering Girl Scout (please print).**

Girl's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth \_\_\_\_\_ Group/Troop # \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Non-Parent Emergency Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Girl Health History Information

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Is your daughter's immunization record up-to-date?  Yes  No Date of last tetanus shot: \_\_\_\_\_

Check all that apply:  Motion Sickness  Nosebleeds  Sleep Disturbances  Fainting  Bed Wetting  
 Contact Lenses  ADD/ADHD  Emotional Disturbances  Other \_\_\_\_\_

Please list any allergies (penicillin, food, etc.): \_\_\_\_\_

Please list any additional medical/physical/emotional condition of which the leader should be aware (i.e. chronic condition, disabilities, behavioral problems, medications, etc.): \_\_\_\_\_

**NOTE: All medication must be in original container, with girl's name, dosage and frequency clearly printed on the label.**

### Automobile Information

Any person being transported in a private vehicle shall have their own safety belt properly fastened around them. All vehicles shall be covered by no less than the minimum amount of vehicle liability insurance as required by the State of California. The driver must be an adult with a driver's license valid for the type of vehicle being driven.

- I have and will maintain current automobile insurance coverage as required by law and can provide proof upon request.
- I/we hereby give permission for our Girl Scout to ride in a vehicle driven by a licensed adult driver, or a minor licensed driver, in an emergency, in a vehicle that has at least minimum liability insurance as required by the state of California, for all Girl Scout activities.

### Council Policies and Procedures

- The undersigned do hereby authorize the officers, leaders or agents of Girl Scouts of Greater Los Angeles, to consent to any x-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. It is further understood that permission is hereby granted to the officers, leaders or agents of Girl Scouts of Greater Los Angeles to obtain and administer such medical aid or assistance as might, in their judgment, be required for the immediate care of your daughter. In the event of such help, Girl Scouts of Greater Los Angeles, its officers, leaders and agents will not be held liable for any first aid treatment or hospital care rendered drugs, medicine or surgical procedures performed pursuant to this consent. This consent supersedes all prior authorization.

If you do not consent to the care or treatment set forth herein, describe in detail what is or is not allowed/permitted and sign below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_