

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.

Asthma Diabetes Other _____
 Heart Disease Convulsions Other _____
 Glasses/Contact Lenses Kidney/Bladder Problems 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.

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.