

## PARENT PERMISSION (Individual Girl or Adult)

This form is to be used when:

- A girl is participating in Council or Service Unit Event as a Juliette or **without** her troop.
- An adult is participating in a Girl Scout event.
- And can ONLY be used when the event is NOT being held at Camp Elliott Barker or Rancho del Chaparral. To meet American Camp Association accreditation requirements, ALL ADULTS AND GIRLS must bring a completed Health History, see page .

One form is to be used per person.

Turn this form in at the event to the Event Coordinator.

For girls, all items must be completed on the form. For adults, all items marked with a * must be completed.			
*Full Name		Nickname	
SU#	Troop#	Juliette <input type="checkbox"/> YES <input type="checkbox"/> NO	
*Address			
<i>If the participant is 17 years or younger...</i>		Birth Date	Participant's age while at the event
Emergency Contact			
*Name		*Relationship	
*Phone (Day)	*Phone (Evening)	*Phone (Cell)	
Medical Info			
*Past Illness <input type="checkbox"/> Ear Problems <input type="checkbox"/> Convulsions <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Other _____		*Allergies <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Stings <input type="checkbox"/> Drugs (Specify) _____ <input type="checkbox"/> Foods (Specify) _____ <input type="checkbox"/> Other _____	
		*Other <input type="checkbox"/> Fainting <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Diabetes <input type="checkbox"/> Nosebleeds <input type="checkbox"/> _____	
*Date of last tetanus shot:		Are immunizations current? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*Participant is taking the following medications:			
*Medical Insurance Company		*Medical Insurance Policy #	
*Physician's Name		*Physician's Phone	
Girl's Custodial Parent/Guardian			
Name		Relationship	
Phone (Day)	Phone (Evening)	Phone (Cell)	
Girl's Custodial Parent/Guardian			
Name		Relationship	
Phone (Day)	Phone (Evening)	Phone (Cell)	
<b>PERMISSION FOR GIRL PARTICIPANT</b>			
(Girl Participant Name) _____ has permission to attend			
(Name of the Program) _____ on			
(Date) _____ at			
(Event Location) _____			
Parent/Guardian Signature: _____ Date: _____			