



Girl Scouts.

Girl Scouts, Patriots' Trail Council
95 Berkeley Street
Boston, MA 02116

Permanent Girl Scout Troop Record

Please *print* all information

Girl's name: _____ Birth date: _____

I give my child permission to join or re-join Girl Scouts.

My child has my permission to go on "troop meeting walkouts" during which time the troop will leave the meeting place and return by the regular closing time.

(Please circle one) Permission **is is not** granted for use of voice or photos of Girl Scout activities in which my child might appear for Girl Scout publicity.

Primary Caregiver's name: _____ Work phone: () _____

Home phone: () _____

E-mail Address: _____ Cell Phone: () _____

This record must be updated and signed *annually* by Primary Caregiver.

Primary Caregiver Signature: _____ Date: _____ (1st year)

Primary Caregiver Signature: _____ Date: _____ (2nd year)

Primary Caregiver Signature: _____ Date: _____ (3rd year)



Girl Scouts.

Girl Scouts, Patriots' Trail Council
95 Berkeley Street
Boston, MA 02116

Permanent Girl Scout Troop Record

Please *print* all information

Girl's name: _____ Birthdate: _____

I give my child permission to join or re-join Girl Scouts.

My child has my permission to go on "troop meeting walkouts" during which time the troop will leave the meeting place and return by the regular closing time.

(Please circle one) Permission **is is not** granted for use of voice or photos of Girl Scout activities in which my child might appear for Girl Scout publicity.

Primary Caregiver's name: _____ Work phone: () _____

Home phone: () _____

E-mail Address: _____ Cell Phone: () _____

This record must be updated and signed *annually* by Primary Caregiver.

Primary Caregiver Signature: _____ Date: _____ (1st year)

Primary Caregiver Signature: _____ Date: _____ (2nd year)

Primary Caregiver Signature: _____ Date: _____ (3rd year)

Health History

All information is strictly confidential

Is she subject to: Car sickness _____ Nosebleeds _____ Sleep walking _____ Fainting _____

Allergies: (Be specific) _____

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

Date of last tetanus shot: _____

This child may not be released to: _____

In case of emergency, I understand every effort will be made to contact the primary caregiver. In the event I cannot be reached, I hereby give permission to the physician selected by the leaders or agents of Girl Scouts, Patriots' Trail Council, Inc., to hospitalize, secure proper treatment, and order injection, anesthesia or surgery for my child, as needed above.

Primary Caregiver Signature: _____ Date: _____

If I cannot be reached in an emergency, please contact: _____ Phone () _____

Does your health plan need to be contacted before treatment? _____ Phone () _____

Plan #: _____ Physician's name: _____ Phone () _____

Rev. 7/2006

Health History

All information is strictly confidential

Is she subject to: Car sickness _____ Nosebleeds _____ Sleep walking _____ Fainting _____

Allergies: (Be specific) _____

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

Date of last tetanus shot: _____

This child may not be released to: _____

In case of emergency, I understand every effort will be made to contact the primary caregiver. In the event I cannot be reached, I hereby give permission to the physician selected by the leaders or agents of Girl Scouts, Patriots' Trail Council, Inc., to hospitalize, secure proper treatment, and order injection, anesthesia or surgery for my child, as needed above.

Primary Caregiver Signature: _____ Date: _____

If I cannot be reached in an emergency, please contact: _____ Phone () _____

Does your health plan need to be contacted before treatment? _____ Phone () _____

Plan #: _____ Physician's name: _____ Phone () _____

Rev. 7/2006