



Girl Scouts of Central and Western Massachusetts, Inc.

413-584-2602/508-365-0115 gscwm.org

Worcester Leadership Center:
115 Century Drive
Worcester, MA 01606

Holyoke Leadership Center:
301 Kelly Way, Holyoke, MA 01040
Fax 413-536-1383

Authorization and Medical Information

To Parents and Guardians: Please read the following carefully. Girl Scouts of Central and Western Massachusetts has created this form to ensure that your child has a safe and enjoyable Girl Scout experience. You, as the parent/guardian, are responsible for the health of your child. It is your responsibility to inform the council and troop leader of the health and physical limitations of your child. The council and troop leader will make every effort to provide each girl a total Girl Scout experience despite any health or physical limitations.

Fill out and return this form to your child's leader. You will be asked to update this form each year.

Troop #: _____ Name of Girl Scout: _____ Birth date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ E-mail: _____

School Name: _____ Grade in School: _____

My child is under the custodial care of: Both Parents Mother only Father only Other: _____

Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Authorizations

I as parent/guardian of the Girl Scout named above give my permission for:

Yes No 1. My child to attend scheduled activities of her troop/group.

Yes No 2. When participating in Girl Scout activities, the registrant 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 council (GSCWM) or Girl Scouts of the USA. The images will be the sole property of either the Girl Scout council (GSCWM) or Girl Scouts of the USA.

Yes No 3. My child to receive medical treatment by a leader, first aider, EMT, nurse, doctor or hospital if necessary. It is understood that the adult in charge or her designee will attempt to contact me.****

**** If you check "No," please sign the following: I have objections to my child receiving medical treatment.

Signature: _____

Yes No 4. The troop leader is to copy this form when necessary for field trips with the understanding that the information will be kept confidential and only shared on an as needed basis.

* In the case of a medical emergency, I understand every effort will be made to contact parents/guardians. In the event that I may not be reached, I hereby give permission to the physician selected by the adult in charge, to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my(our) child as named above. Girl Scout authorities may take such emergency measures as deemed appropriate, including transportation, and shall notify parents/guardians as soon as possible. If my child has need for medical treatment, I authorize the holder of my child's medical information (i.e., doctor, hospital) to release to the health/accident insurance company and its agents any information needed to determine these benefits or the benefits payable for related services.

Pick-Up from Meetings and Activities

GSCWM gives high priority to ensuring the safety of girls attending Girl Scout activities. Girls must be supervised by adults during all meetings and events. Indicate your instructions below regarding your child leaving meetings or activities:

My child has my permission to walk home from Girl Scout meetings/activities.

The person(s) listed below will pick up my child from meetings/activities.

Include names of individuals other than custodial parents:

Name: _____ Relationship to child: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____ Home Phone: _____ Cell Phone: _____

Note: 1. Any changes to the above pick-up instructions must be given to the troop leader in writing.

2. If you or your designated person does not arrive to pick up your child within fifteen minutes of the specified dismissal time, the troop leader will attempt to contact you or your listed emergency contact person. If no one can be reached, the leader is required to follow emergency procedures and contact the police for assistance.

Health History:

Illnesses and Injuries (Check all that apply): Asthma Heart Disease Diabetes Seizures Other (specify): _____

Allergies (Check those that apply and specify nature of allergic reaction):

- Animals: _____ Insect Stings: _____
- Food: _____ Medicines/Drugs: _____
- Other: _____

Other Health Conditions (Check those that apply):

- Glasses Contact Lenses Deaf or Hard of Hearing Nosebleeds Motion Sickness
- Dental Appliances Other (specify): _____

Date of Last Tetanus Shot: _____ Date of Last Health Examination: _____

Please check those statements that apply since your last health exam (explain checked answers below):

- A serious injury requiring medical attention An illness lasting longer than one week
- A surgical operation or fracture Treatment in a hospital as inpatient or emergency room

Please Explain (include dates): _____

Is your child restricted from participating in any physical activities? No Yes Explain: _____

Please provide any other information about your child which might be needed at a meeting or in an emergency: _____

About Medications

Girl Scout volunteers and staff are not permitted to administer oral and/or topical medication without a note from the child's parent or doctor describing the medicine and its purpose and dosage, this includes over-the-counter medications. All medication must be in the original container with the RX order (or over-the-counter) label intact. Girl Scout volunteers and staff, unless they are licensed medical personnel, may not administer injections. A physician's note is required for girls who regularly self-administer injections.

Other Notes

Does your child have any fears that the leader should be aware of? No Yes Describe: _____

Has your child been informed about menstruation? No Yes May information be given if necessary? No Yes

Emergency Contact Information

If the parent(s)/guardian(s) listed on this form cannot be reached in an emergency, the following person should be called:

Emergency Contact _____ Address _____ Phone (include home & cell) _____

Physician to Contact _____ Address _____ Phone (include home & cell) _____

Parent/Guardian Signature

I have completed this Authorization and Medical Information form to the best of my ability. I (We) provide authorization as indicated on the front of this form and agree to update this information annually, or as needed.

Parent/Guardian Signature: _____ Date: _____

Form Updated:

Date: _____ Signature: _____ Date: _____ Signature: _____
Date: _____ Signature: _____ Date: _____ Signature: _____