girl scouts
of greater new york

GIRL SCOUT HEALTH & SAFETY RECORD

This health history is to be completed and signed by the Parents/Guardians.

Name _____ Date of Birth _____ Age ____ Troop No. _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian: _____ Relationship: _____

Primary Phone _____ Secondary _____

In Emergency Notify

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of Family Physician _____ Phone _____

Family Medical/Hospital _____ Insurance _____ Policy or Group No. _____

I _____ do authorize a representative from the Girl Scout Council of Greater New York, Inc. (Troop Leader, Co-leader, Council Staff, Camp Staff and/or volunteer) to use the medical information below regarding my Girl Scout _____, during troop meetings, trips, camping activities, and other Girl Scout events.

Does your Girl Scout have any medical conditions, past injuries/surgeries, or any physical, sensory, or behavioral conditions that would impact her ability to actively participate in any specific tasks or activity? ☐ **Y** ☐ **N**
If so, please indicate the medical condition(s) and how the condition(s) may limit participation: _____

_____

Is there any special assistance or accommodations that could be made to support the experience of your Girl Scout?
☐ **Y** ☐ **N** If so, please explain: _____

_____

Does your Girl Scout have any allergies (food, drug, environmental, etc.)? ☐ **Y** ☐ **N**
If so, please indicate the allergic reaction details and description of reaction: _____

_____

Does your Girl Scout have a prescribed/require an EpiPen? ☐ **Y** ☐ **N**
Does your Girl Scout have a prescribed/require an Asthmatic Inhaler? ☐ **Y** ☐ **N**
Does your Girl Scout regularly take medication or need to take any medications during Girl Scout activities? ☐ **Y** ☐ **N**
If so, please explain what treatment must be given, including frequency and indication of if your Girl Scout can self-administer:

_____

_____

Does your Girl Scout have any dietary restrictions/modifications? ☐ **Y** ☐ **N** If so, please provide details: _____
Is your Girl Scout up to date with all immunizations and tetanus shots, as required for school? ☐ **Y** ☐ **N**

PERMISSIONS

Please read and initial statements at the space provided

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Greater New York (GSGNY) takes every safety and preventative precaution, GSGNY can in no way warrant that COVID-19 infection will not occur through participation in Girl Scout programs, events, activities, etc.

____ I will not allow my Girl Scout to attend if I do not consider her or members of my household to be in good physical condition or if she/members of my household have been exposed to any contagious diseases.

Permission to Self-Administer Medication:

____ I confirm that my Girl Scout has the knowledge and skills to safely have readily available and self-administer the indicated emergency medication(s) as medically necessary at/during Girl Scout activities. The troop leader/first aider will be notified if they have to use their medication and cannot assist in the administering of said medication.

Permission to Provide Necessary Treatment or Emergency Care:

____ In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Greater New York or representatives of GSGNY to seek reasonable action or treatment for my Girl Scout.

Virtual Meeting Participation:

____ I consent to my Girl Scout participating in GSGNY virtual meetings via GSUSA Zoom video conference and to the collecting of the personal information (name, email, etc.) necessary to join the online meeting.

Virtual Meeting Recording:

____ I consent to having GSGNY virtual meetings recorded with the understanding that the recordings would only be shared with other GSGNY members, volunteers, board members, or staff, unless additional consent for the release & distribution of the recording is provided.

Transportation

The responsibility of the Troop Leaders ends at the close of the Troop Meeting. Parent or Guardian is responsible for the Girl Scout's transportation home. For the Leaders' information, initial one of the following:

____ My girl may walk home from the Troop Meetings.

____ My girl may not walk home from the Troop Meetings. I will arrange for her transportation home.

Emergency Cancellation

There is the possibility that the Volunteer Leaders may have to unexpectedly cancel a Troop Meeting.

____ I will tell my Girl Scout what to do if such an emergency should arise.

Unscheduled Activities

Occasionally, the Troop will decide to leave their meeting room for a specific activity. The destination of the Troop will be posted at the regular meeting room, and dismissal of the Troop will be from the regular meeting place at the regular time. No vehicles will be used for this type of spontaneous activity.

____ I will give permission for my Girl Scout to participate in unscheduled local activities with her troop during regular Troop Meeting time.

Photographs

Occasionally, pictures taken of girls during Girl Scouts activities are put in local news or used for promotional purposes.

____ I give permission to the Girl Scout Council of Greater New York, Inc. to use photos taken of my Girl Scout during Girl Scout activities for Girl Scout publicity.

I certify that this health history form is complete and accurate. I know of no reasons, other than the information noted on this form, why my Girl Scout should not participate in Girl Scout activities.

Signature of Parent/Guardian _____ Date _____