girl scouts north carolina coastal pines

Girl Scouts – North Carolina Coastal Pines
6901 Pinecrest Road, Raleigh, NC 27613
(800) 284-4475 or (919) 782-3021

CAREGIVER (PARENT/GUARDIAN) PERMISSION FOR GIRL SCOUT ACTIVITIES TP105

Please complete this form and return it to your Girl Scout's troop leader. Permission(s) and release information is needed before your Girl Scout can participate in Girl Scout activities. Please print legibly.

Girl Scout's Name _____ Troop# _____

Address _____ State _____ Zip _____

Caregiver's Name _____ ☐ Legal Guardian

Caregiver's Phone # (___) ___ - _____ Cell Phone # (___) ___ - _____

Emergency Contact Name _____ Relation: _____ Phone # (___) ___ - _____ ☐ Legal Guardian

*(*Someone other than the caregiver who we can call in an emergency.)*

This permission is required for all Girl Scout activities. My Girl Scout has my permission to participate in any troop/group-sanctioned or Girl Scouts-North Carolina Coastal Pines-sanctioned trip, event, and activities in person and on-line during the 20__-20__ membership year. I understand that I will receive information giving specific departure and arrival times, planned activities, contact persons, and any other pertinent information prior to any trip or event.

Health/Safety Note: Communicable diseases, such as COVID-19, may spread easily through person-to-person contact. As with any social activity, participation in in-person Girl Scouts activities could present the risk of contracting such diseases. While GSNCCP takes safety and preventative precautions, GSNCCP can in no way warrant that infection will not occur through participation in GSNCCP programs or troop activities. Prior to any Girl Scout program or activity, discuss appropriate health/safety protocols with your Girl Scout.

I agree that pictures or videos of my Girl Scout may be used to promote the Girl Scout program. ☐ Yes ☐ No
GSUSA provides activity accident insurance as secondary coverage to the family's own insurance coverage.

In addition to the caregiver and emergency contact above, my Girl Scout may be picked up by:

Name _____ Relation: _____ Phone # (___) ___ - _____ ☐ Legal Guardian
Name _____ Relation: _____ Phone # (___) ___ - _____ ☐ Legal Guardian
Name _____ Relation: _____ Phone # (___) ___ - _____ ☐ Legal Guardian

_____

**Signature of Caregiver* *Date/Updated Date*

HEALTH HISTORY FOR YOUTH

Name of Participant _____ Date of Birth _____ Age __

Name of Participant's Physician _____ Telephone # (___) ___ - _____

Family Medical/Hospital Insurance Carrier _____ Policy # _____ Group # _____

For the safety of the participant, is there any health-related information that you would like us to know (e.g., nosebleed, emotional disturbances, menstrual cramps, motion sickness, etc.)? _____

_____

Is the participant currently under a physician's care for a medical issue? If so, explain: (optional) _____
List any allergies the participant may have (i.e., Pollen, insect stings, etc.) _____

Is the participant current with immunizations (check one): ☐ YES ☐ NO _____ Choose not to immunize.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the Girl Scout adult in charge to order X-rays, routine tests, and treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Girl Scout adult in charge to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for use off-site.

_____ _____

Signature of caregiver *Date/ Updated Date*

Participant's Name _____

MEDICATION PERMISSION AND INSTRUCTIONS

Written caregiver consent is required before a minor (under 18) participant may be given any medication or treatment of any kind. During trips or at events, participants may need medication for ailments such as headaches, stomachaches, diarrhea, or a low-grade fever. They might need sunscreen, insect repellent, or Chapstick. You **MUST** send any over-the-counter medication your participant may need in the original bottle/package (INCLUDING ASPIRIN, TYLENOL, ETC.). Prescription drugs must be in the original bottle/package with the physician's instructions for administering them. Put all drugs in their original bottle/package in a Ziploc bag and label it with your participant's name. Medication will be available from the adult in charge of first aid and can be given as specified by instructions on the label for prescription drugs or by written instructions from caregivers for over-the-counter drugs. Complete the middle part of this form with instructions for over-the-counter drugs.

Participants may keep asthma sprays, epi-pens, insect repellent, or sunscreen with them if they know how to use them with prior written permission from caregivers or from the adult in charge of first aid. All other medication must be turned into the adult in charge of first aid unless we have a note signed by a physician stating that the participant must keep a certain medication with them.

It is the responsibility of the participant/caregiver to make sure all medication is picked up at the end of the trip/event/camp.

List all over-the-counter and/or prescription medication that your daughter will have at this trip/event/camp.
Give exact instructions for administering over-the-counter medications. ***We cannot administer over-the-counter medication without written instructions.**

MEDICATION Prescribed	**INSTRUCTIONS**	**INITIAL/DATE**
_____	**(Original container with doctor's orders)**	_____
_____	**(Original container with doctor's orders)**	_____
_____	**(Original container with doctor's orders)**	_____
_____	**(Original container with doctor's orders)**	_____
Over the counter	**INSTRUCTIONS**	**INITIAL/DATE**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medication/chemical treatments recommended by the American Red Cross:
The following items are recommended by the American Red Cross as the appropriate treatment for these conditions. Initial each treatment you want your daughter to receive if needed. These medications should be available in trip/event/camp first aid kits. No other medication is available unless sent with your daughter.

_____	Poisoning	Call Poison Control Center, at 1-800-222-1222
_____	Small wounds, cuts, animal or tick bite, minor burn	Antibiotic ointment
_____	Poison Ivy	Topical antihistamine such as Caladryl or Benadryl
_____	Marine life stings	Baking soda and saltwater
_____	Sunburn	Aloe gel
_____	Insect bites	Topical antihistamine such as Benadryl

I give my permission for my participant, _____to take the medications listed above and, if needed, to have any of the treatments I have initialed.

Signature of caregiver _____