



# Girl Scouts of Eastern Oklahoma Girl Member Information Sheet

*\*Please complete both sides of this form and return it to your daughter's troop leader.  
This vital information is kept with the troop leader during all troop activities.*

Girl's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address and Phone (if different from above) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address and Phone (if different from above) \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

We are willing to have our daughter participate in troop activities that may include a trip in a car during the troop meeting. We understand that special permission will be requested for her to attend activities longer than a troop meeting or at a different time or place from a regular troop meeting. We also understand that the *Authorization for Emergency Care* includes our daughter's participation in all troop activities as well as in regular troop meetings. We acknowledge that the registrant will make the Girl Scout Promise and accept the Girl Scout Law. The registrant has permission to join Girl Scouts and/or participate in this activity.

**Emergency Contact** (This person must be someone who knows how to reach you. Please notify this person of their responsibility.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

*(Grandparent, Guardian, Parent, Aunt/Uncle, etc.)*

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Transportation to and from meetings (This information is needed by the troop leader for the safety of your daughter. It will remain in effect unless the leader is **notified in writing.**)

Our daughter will go \_\_\_\_\_ after regular troop meetings by \_\_\_\_\_ with \_\_\_\_\_  
*(home, day care, other place) (car, walking, etc.) (Name of person)*

### Health History

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_ Date of last Health Examination \_\_\_\_\_

#### Illness and injuries (check all that apply):

- Ear infection
- Bleeding/clotting disorders
- Hypertension
- Musculoskeletal disorders
- Seizures
- Heart defect/disease
- Asthma
- Diabetes
- Other \_\_\_\_\_

#### Other conditions (check all that apply):

- Bed-wetting
- Emotional disturbances
- Constipation
- Fainting
- Menstrual cramps
- Hearing impairment
- Motion sickness
- Sickle cell trait/disease
- Nosebleeds
- Sleep disturbances
- Wears glasses/contact lenses
- Other \_\_\_\_\_

#### Allergies (Check all that apply; specify nature of reaction):

- Animals \_\_\_\_\_
- Pollen \_\_\_\_\_
- Hay fever \_\_\_\_\_
- Food \_\_\_\_\_
- Plants \_\_\_\_\_
- Insect bites/stings \_\_\_\_\_
- Medicine/drugs \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

**Special dietary regimen:** (such as lactose intolerance, vegetarianism, and religious considerations): \_\_\_\_\_

**Activities to be encouraged or restricted:** \_\_\_\_\_

*By signing this form I agree the above information is true and accurate to best of my knowledge.*

**Signature must be in ink.**

➔ PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**HEALTH INFORMATION PRIVACY STATEMENT**

The Girl Health History is for health care concerns. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the health care supervisor. Minimal necessary information may be shared with staff/volunteers in order to provide adequate participant safety and health care. The Health History will be retained for the current membership year only and will then be destroyed. Access to the information will be limited, but the participant or their legal representative may request copies from the staff/volunteers. I have read the above procedures for handling the health history information and I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

**I understand that my daughter should not attend meetings or special activities when she is ill or recently exposed to a contagious disease.** If she should become ill or injured while in the care or under the supervision of Girl Scouts of Eastern Oklahoma, any of its officers or volunteers, I authorize her to receive first aid and other emergency care. If it should become necessary for her to receive professional medical, surgical, or dental treatment, I authorize the responsible Council officer or leader to give the necessary "parental consent" in my stead for a licensed physician, surgeon or dentist to administer any medical, surgical or dental treatment they deem necessary, including hospitalization and surgery. I understand that every reasonable effort will be made to contact me immediately upon the discovery of the emergency. I further understand that I will take full financial responsibility for all expenses that might be incurred that are not covered by Girl Scout insurance.

This consent is given in advance of any specific diagnosis or treatment being required, and is given primarily to encourage those officers or leaders who have temporary custody of my daughter, and the said physician, surgeon or dentist to exercise their best judgment in situations deemed an emergency as to the requirements of such diagnosis or medical, surgical or dental treatment.

I understand this emergency medical care authorization includes my daughter's participation with her troop during regular meetings and during Girl Scout activities and special events at a different time or place from regular troop meetings.

**By signing this form, I agree that I have thoroughly read the Health Information Privacy Statement and the Authorization for Emergency Medical Care. I know of no reason(s) other than the information given on this form why my daughter should not participate in Girl Scouts.**  
**Signature of BOTH parents is required unless one parent has legal custody. Signatures must be in ink.**

➔ MOTHER'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

➔ FATHER'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PUBLICITY RELEASE FOR MINORS**

I, being Parent or Guardian of \_\_\_\_\_ ("My Child"), hereby consent that the photographs, videotapes, motion picture film, and/or electronic images for which she posed and/or audio recordings made of her voice may be used by Girl Scouts of Eastern Oklahoma, an Oklahoma corporation ("Council"), its employees, agents, and representatives, and others authorized by the Council ("Indemnitees") in whatever way they may desire, including television. I consent that any such photographs, films, recordings, electronic images and the negatives/plates, film, or other media upon or from which they were made or produced shall be their property, and they shall have the right to duplicate, reproduce and make other such use of said photographs, videotapes, motion picture film, and/or electronic images and/or audio recordings as they may desire, without any claim on the part of My Child or on my part. I will defend, indemnify, and hold the Indemnitees and each of them harmless from all liability, damage, loss, and claims arising from or in any way associated with the use by the Indemnitees, or any of them, of the photographs, videotapes, motion picture film, and/or electronic images and/or audio recordings of My Child as described above.

➔ PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_