

Please bring this form with you to each activity site. Parents and Troop Leaders: Please retain a copy for your records and/or for future programs.

Participant Information

Participant Name: _____
 Troop Number: _____ Date of Birth: ____ / ____ / ____ Social Security # (optional): _____
 Address (Street, Apt. #): _____ City: _____ State: _____ Zip: _____
 Physician's Name: _____ Phone: (____) _____
 Insurance Company: _____ Policy or Group #: _____

General Health Information

Please check all that apply to participant: Ear Infection Bleeding/Clotting Disorders Hypertension Asthma Diabetes
 Heart Defect/Disease Musculoskeletal Disorder Seizures Other (specify): _____
 Date of Last Health Exam: ____ / ____ / ____
 Were any complicating medical problems noted in last health examination? *If yes, please explain.*

Allergy Information

Please check all that apply to participant: Animals Medicine/Drugs Hay Fever Insect Stings Pollen Plants Food
 Other (specify): _____
 Please explain allergies and/or reactions: _____

Other Health Conditions

Please check all that apply to participant: Constipation Menstrual Cramps Motion Sickness Nosebleeds Fainting
 Emotional Disturbances Hearing Impairment Sickle Cell Trait or Disease Special Dietary Disease Wears Glasses or Contacts
 Other (specify): _____
 Please explain any items checked above indicating any information useful to the adult in charge or any activities to be encouraged or restricted.

Immunization History (Copies of immunization records may be attached.)

IMMUNIZATION	DATE OF PRIMARY SERIES COMPLETED	DATE OF LAST BOOSTER
DTP, DTap, DT, Td (diphtheria, tetanus, pertussis)		
Measles		
Mumps		
Rubella		
IPV or OPV Poliomyelitis (polio)		
Hib (hemophilus influenza type B)		
Tuberculin Test (most recent)		Result?
Other:		

Participant Name: _____ Troop Number: _____

Permission to Participate in Adventure/Camp Programs

I give permission for my child to participate in any of the following adventure/camp programs offered by Girl Scouts of Middle Tennessee: high ropes, team adventure, obstacle course, wagon ride (with or without cookout), rappelling, climbing, backpacking, canoeing, tree climbing, archery, kayaking, and sailing. I understand that if I have any questions or concerns about these programs (or risks involved in these programs), I can contact Girl Scouts of Middle Tennessee at (615) 383-0490 for more information.

Parent/Guardian Signature: _____ Date: _____

Permission & Agreement to Participate in Equestrian (Horse) Programs

WARNING: Under Tennessee Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, Title 44, Chapter 20.

I give permission for my child to participate in an equine activity at Camp Sycamore Hills and agree to assume the associated risks.

Parent/Guardian Signature: _____ Date: _____

Photo Release

I give consent for my child to be videotaped, photographed, or audio-taped for use by Girl Scouts of Middle Tennessee. Furthermore, I consent that such photographs, films, and recordings shall be their property, and they shall have the right to duplicate, reproduce, and make other uses of such photographs, films, and recordings as they desire free and clear of any claim whatsoever on my part.

Parent/Guardian Signature: _____ Date: _____

Permission to Treat

I hereby give permission to the medical personnel selected by Girl Scout staff to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child participant. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for the child participant named on this form. I also give permission for first aid certified program staff to administer first aid for minor medical needs (such as cuts and scrapes, sprains, stings and bites, etc.). Girl Scouts and/or hospital may photocopy this completed form.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____

If there are any exceptions, please describe: _____

Emergency Contact Information *(Please print clearly.)*

Parent/Guardian #1 Name: _____ Email: _____

Preferred Phone: (_____) _____ Secondary Phone: (_____) _____

Parent/Guardian #2 Name: _____ Email: _____

Preferred Phone: (_____) _____ Secondary Phone: (_____) _____

Emergency Contact *(other than parent)* Name: _____ Relationship: _____

Preferred Phone: (_____) _____ Secondary Phone: (_____) _____