



GIRL SCOUTS GOLDENROD COUNCIL, INC.
ACTIVITY PERMISSION/HEALTH HISTORY CARD

Blue Card Revised 1/2006

Date Service Unit Leader Name Troop#

GSUSA ID# Girl Scout

School Year 20 /20 Age Grade Date of Birth

Girl Scout Level : DAISY BROWNIE JUNIOR OLDER

Parent / Guardian Names

Address City Zip

Home Phone Cell Phone

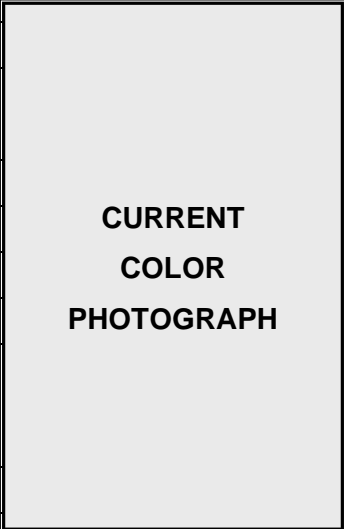
(Work) Mother (Work) Father

Email Address

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name Relationship

Home Phone Work/Cell Phone



HEALTH HISTORY:

Check all that apply AND please provide specific information if a line is provided.

Allergies:

Illnesses/Injuries:

Other health conditions:

- Animals, Pollen, Medicines/drugs, Plants, Hay fever, Food, Insect stings, Other (Specify)
Ear infection, Heart defect / disease, Bleeding / clotting disorders, Musculoskeletal disorders, Hypertension, Seizures, Asthma, Diabetes, Other (Specify)
Bed wetting, Constipation, Menstrual cramps, Motion sickness, Nosebleeds, Sleep disturbances, Special needs, Other (Specify)
Emotional disturbances, Fainting, Hearing impairment, Sickle cell trait / disease, Special dietary regimen, Wears glasses/ contacts

Indicate any information useful to the adult in charge in relation to any of these health conditions. Indicate activities to be encouraged or restricted. Attach additional information as needed.

Date of daughter's last tetanus shot: Is your daughter taking any medication Yes No: If yes, list medication(s) and frequency of doses:

I give permission for my daughter/ward to be given the following medications: Ibuprofen (Advil) Benadryl Dramamine Acetaminophen (Tylenol) Other (Pepto Bismol, etc...)

NOTE: Any and all medication (prescription and over-the-counter medication) sent with your daughter to the event must be in its original container with written instructions signed by the parent regarding its use and administration. If my daughter's medical condition or medication should change, I will notify those supervising her.

Family physician: Phone

Family medical / hospital insurance carrier Policy Number

I grant the following permission for my daughter:

- To be in the Girl Scout Program.
For use of photos or video tapes of Girl Scout activities in which my daughter appears.
To participate in product sales through Girl Scouts. I agree to accept financial responsibility for all products and money she receives. I will see that she has adult guidance at all times.
To walk to and from troop meetings.
In the event of emergency, I understand that every effort will be made to contact me; if I cannot be reached, I authorize the adult in charge to obtain needed emergency medical treatment and for a physician to treat, order injections for or perform emergency surgery as necessary.
And the following individuals have my permission to drop off/pick up my daughter from the troop meetings:

Name Relationship Name Relationship

Name Relationship Name Relationship

PARENT/GUARDIAN SIGNATURE Date

My daughter has my permission and I know of no reason(s) other than the information indicated on this card, why she should not participate in the activity listed below.

Activity	Date	Place	Cost	Leave (Time/Place)	Return (Time/Place)	Bring/Wear
Parent Signature				Date	Emergency Phone #	
Activity	Date	Place	Cost	Leave (Time/Place)	Return (Time/Place)	Bring/Wear
Parent Signature				Date	Emergency Phone #	
Activity	Date	Place	Cost	Leave (Time/Place)	Return (Time/Place)	Bring/Wear
Parent Signature				Date	Emergency Phone #	
Activity	Date	Place	Cost	Leave (Time/Place)	Return (Time/Place)	Bring/Wear
Parent Signature				Date	Emergency Phone #	
Activity	Date	Place	Cost	Leave (Time/Place)	Return (Time/Place)	Bring/Wear
Parent Signature				Date	Emergency Phone #	
Activity	Date	Place	Cost	Leave (Time/Place)	Return (Time/Place)	Bring/Wear
Parent Signature				Date	Emergency Phone #	
Activity	Date	Place	Cost	Leave (Time/Place)	Return (Time/Place)	Bring/Wear
Parent Signature				Date	Emergency Phone #	
Activity	Date	Place	Cost	Leave (Time/Place)	Return (Time/Place)	Bring/Wear
Parent Signature				Date	Emergency Phone #	
Activity	Date	Place	Cost	Leave (Time/Place)	Return (Time/Place)	Bring/Wear
Parent Signature				Date	Emergency Phone #	
Activity	Date	Place	Cost	Leave (Time/Place)	Return (Time/Place)	Bring/Wear
Parent Signature				Date	Emergency Phone #	
Activity	Date	Place	Cost	Leave (Time/Place)	Return (Time/Place)	Bring/Wear
Parent Signature				Date	Emergency Phone #	

CRISIS COMMUNICATION PLAN

MUST BE FOLLOWED BY THE ADULTS IN CHARGE AT THE SCENE OF SERIOUS ACCIDENTS, MAJOR EMERGENCIES OR FATALITIES

1. Give priority attention to providing all possible care for the sick or injured.
2. Secure doctor, ambulance, police, and clergy. (Poison Control 1-800-222-1222)
3. A responsible person should remain at the scene. In the case of a fatality there should be no disturbance of the victim or surroundings until police have assumed authority.
4. Contact the following designated Council persons.
5. Information regarding the accident should not be shared with anyone but police and persons listed below. If the media is involved, only those Council designated persons listed below are authorized to respond.
6. Council designated person will: Arrange for additional assistance (if needed) at the scene of the accident. Notify custodial parents or guardians and other appropriate persons.

EXECUTIVE DIRECTOR – RITA ULDRICH
 MEMBERSHIP MARKETING DIRECTOR – PAT LARSON
 PROGRAM/PROPERTY DIRECTOR – KATHY ANDREWS

1-800-879-6123 (Office)
 1-800-879-6123 (Office)
 1-800-627-5940 (Office)

308-237-7872 (Home)
 402-469-7133 (Direct)
 308-216-0192 (Direct)