

Girl's Name _____
Last First

Current medications (need to be in original container with dosage). _____

Dietary restrictions _____

Emergency Contact

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Permission for Emergency Medical Treatment

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 Colorado to seek treatment for my child and/or dependent minor by a licensed physician. I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on the Health History form. **If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.**

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted.

Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Updated _____

Signature of parent/guardian _____ Updated _____

Signature of parent/guardian _____ Updated _____

Signature of parent/guardian _____ Updated _____

Signature of parent/guardian _____ Updated _____

Signature of parent/guardian _____ Updated _____