



Girl Scouts of Central Indiana  
**Blanket Permission/Health History**  
Program year 20\_\_\_\_-20\_\_\_\_

(Leader's name) \_\_\_\_\_, as leader of troop # \_\_\_\_\_ of Girl Scouts of Central Indiana Council, has my permission to take, (girl's name) \_\_\_\_\_ outside of our meeting place for playing games or short hikes around the block.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Health history information is optional**

Indicate information useful to the adult in charge of any health conditions affecting your Girl Scout.

Indicate any activities to be restricted for your Girl Scout.

Name of family physician \_\_\_\_\_ Physician's phone (\_\_\_\_\_) \_\_\_\_\_  
Family medical/hospital insurance carrier \_\_\_\_\_ Policy or group # \_\_\_\_\_

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities. I am aware that this health information will be released in the event of an emergency.

When the troop makes plans that include an activity away from the meeting place, such as a longer hike, a picnic or an overnight camping trip, I will be notified by another type of form known as a special permission form. This form will give detailed information about the activity.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**This form should be completed and kept with the troop each membership year.**