girl scouts of eastern missouri

Girl Health and Permission Form for Travel

This form should be carried by the trip leader when traveling if the trip exceeds three days and two nights or is international. A completed Girl Health History & Annual Permission Form, F-57, should accompany this form.

My daughter/ward _____ has permission to participate in the trip to _____ during dates _____ under the supervision of trip leader _____. She is in good physical health and has not had any serious illness, injury or surgery since her last health examination.

During the trip, I may be reached at phone number(s) _____.

Permission for emergency medical treatment: In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact, as listed on the F-57. If no contact can be made, I hereby give authorization to Girl Scouts of Eastern Missouri and/or the above-mentioned trip leader to seek treatment for my daughter/ward by a licensed physician pursuant to Missouri law (RsMO 431.061.1). I know of no reason why my daughter/ward may not participate in the trip.

Parent/guardian's signature: _____

Parent/guardian's printed name: _____

Date: _____

Licensed Physician's Health Examination

Date of examination: _____

Height: _____ Weight: _____ B.P.: _____

Appearance – Nutrition: _____

Eyes: Without glasses: R 20/_____ L 20/_____ With glasses: R 20/_____ L 20/_____

Hearing: R _____ L _____

Code: ❑ Satisfactory ❑ Unsatisfactory ❑ Not examined

Ears: _____

Nose: _____ Abdomen: _____ Throat: _____

Genitalia: _____ Teeth: _____ Hernia: _____

Lungs: _____ Heart: _____ Urinalysis: _____

HGB: _____ General Physical and Emotional Status: _____

Licensed physician's comments and recommendations (give details or indicate management of significant illness): _____

_____

This person is in satisfactory condition and may engage in all usual activities except as noted.

Licensed physician's signature: _____

Date: _____