

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: _____