

Girl Scouts of Suffolk County, Inc.
WINTER/SPRING BREAK PERMISSION FORM

RELEASE INFORMATION

Child's Name _____ Grade _____ Date of Birth ___/___/___
Address _____ Town _____ Zip _____
Name of Parent or Guardian _____ Daytime Phone _____ Cell _____
Emergency Contact (other than parent) _____
Relationship to Child _____ Daytime Phone Number _____
Email Address _____ Camp Edey ___ Camp Sobaco ___

My child may be released to the following people only:

1. Name _____ Phone _____
Relationship to Child _____
2. Name _____ Phone _____
Relationship to Child _____

HEALTH HISTORY AND IMMUNIZATION FORM

Allergies: ___ Penicillin ___ Other Drugs ___ Bee Stings ___ Food _____
___ Poison Ivy, Oak, Sumac ___ Other **Please explain** _____

Specific Reactions: _____

Recommended Immediate Treatment: _____

Special Health Situations: ___ Diabetes ___ Convulsions ___ Other _____

Please explain _____

Medicines to be Restricted: _____

Physician's Name: _____ **Phone:** _____

PARENT/GUARDIAN STATEMENT

I understand that **any** exception to the release form will require a separate written note indicating that the name of the person to whom my child will be released has changed.

My child has my permission to participate in the Winter/Spring Break Program sponsored by the Girl Scouts of Suffolk County, Inc. I understand that no refunds will be issued after the program begins. She/he is in good physical condition and has not had any serious illness or operations since her last health examination within the past twelve months. In the event of an emergency, and I cannot be reached, I give my permission to the director to secure proper and necessary treatment for my child.

I hereby consent that my child's photograph, name, and audio/video recording may be used by Girl Scouts of Suffolk County for publicity purposes. I give my child permission to participate in all photo opportunities.

BUS INFORMATION

My child: will take the bus. (Additional fee as stated on registration form)

My child has my permission to take the bus from the Girl Scout Headquarters in Commack to Camp Edey or to Camp Sobaco and back to participate in Winter/Spring Break Program. **If your daughter/son will not be riding the bus for some reason, please inform the Girl Scouts of Suffolk County immediately (631) 472-1625.**

Parents need to drop their child off no later than 8:20AM each day of the program at the Commack Headquarters or 9:00AM at Camp.

They need to pick up the child each day between 5:00PM and 5:15PM at the Commack Headquarters or 4:30-5:00PM at the Camp.

AFTER CARE WILL NOT BE PROVIDED

Parent Signature _____ **Date** ___/___/___

3-11/ClaudiaB/Winter/SpringBreakPermissionForm