

Girl Scouts of Suffolk County, Inc.
VACATION PROGRAM PERMISSION FORM

Child's Name _____ Home Phone _____
Address _____ Town _____ Zip _____
Name of Parent or Guardian _____ Daytime Phone _____
Emergency Contact (other than parent) _____ Phone _____

My child may be released to the following people only:

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

Under **NO CIRCUMSTANCES** is my child to be released to:

Name _____ Relationship to Child _____

I understand and appreciate that every exception to this release form will require a separate written note indicating that the name of the person to whom my child will be released.

Parent Signature _____

HEALTH HISTORY AND IMMUNIZATION FORM

Allergies: ___Penicillin ___Other Drugs ___Bee Stings ___Foods (**list**)

___Ivy, Oak, Sumac Poisoning ___Others (**list**)

Specific Reactions: _____

Recommended Immediate Treatment: _____

Special Health Situations: ___Diabetes ___Convulsions

___Other (**please explain**)

Medicines to be Restricted: _____

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

Parent and/or Guardian Statement: My child _____ has my permission to participate in the Vacation Connection Program sponsored by the Girl Scouts of Suffolk County, Inc. He/She 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 give my child permission to participate in photo opportunities.**

Fill out this section ONLY if your Child Will be Riding the Bus
BUS PERMISSION SLIP

Child's Name _____ Phone # _____ Grade _____
Address _____ Town _____ Zip _____

My Child _____ has my permission to take the bus from Girl Scout Headquarters in Commack to Camp Edey in Bayport or Riverhead to Camp Sobaco and back to participate in Vacation Connection Program. **If your daughter/son will not be riding the bus either way, please inform the Girl Scouts of Suffolk County immediately (631) 543-6622.**

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

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

AFTER CARE WILL NOT BE PROVIDED

Parent Signature _____