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# **ALL FORMS ARE TO BE COMPLETED, SIGNED BY SCOUT AND PARENT, AND RETURNED AT THE MEETING ON FEBRUARY 5, 2022**

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A check-off list has been provided for you below:

- ☐ **SCOUT/PARENT COMMITMENT AGREEMENT – Due Feb 5, 2022**
- ☐ **PARENT PERMISSION & ACKNOWLEDGEMENT – Due Feb 5, 2022**
- ☐ **INSURANCE INFORMATION – Due Feb 5, 2022**  
Please be sure to copy the front AND BACK of the insurance card of your daughter's medical insurance provider.
- ☐ **MACKINAC ISLAND TRANSPORTATION FORM – Due Feb 5, 2022**
- ☐ **ALLERGY FORM – Due Feb 5, 2022**
- ☐ **MEDICAL INFORMATION/HISTORY FORM – Due: see below**

Please complete the blank health form. Note, a physical examination is required and the back of the form must be signed by the examining physician. Please return the completed and signed form at the General Meeting on **March 26, 2022**.

We recognize that some Scouts may be required to take a physical for sports or school activities later in the year. In that situation, the medical form may be turned in no later than **April 23, 2022**.

**SCOUT MAY NOT BOARD THE BUS UNLESS A CURRENT HEALTH FORM HAS BEEN  
RECEIVED BY THE FIRST AID ADVISOR ON OR BEFORE APRIL 23, 2022.**

**TROOP 327 MACKINAC ISLAND  
GOVERNOR'S HONOR GUARD – 2022**

**SCOUT/PARENT COMMITMENT AGREEMENT**

1. I acknowledge that being a part of the Governor's Honor Guard is a privilege and an honor best shown by my attitude and service to the Camp and its activities. I know that my behavior reflects upon the entire Honor Guard and I will conduct myself in a cheerful and helpful manner.
2. I agree to attend all meetings in town and acknowledge that my presence is required unless specifically excused in advance by the Senior Advisor Cathy Leverenz.
3. I agree to abide by the rules and decisions of the Honor Guard Adult and Scout Leadership Staff.
4. I agree to represent Girl Scouting at its finest by the way I maintain and wear my uniform and by my actions and attitude while I am on the Island.
5. I agree to carry out my assigned duties in a responsible manner.
6. I acknowledge that this Camp follows the rules and guidelines of the Mackinac Island State Park Commission and those of Girl Scouts of Southeastern Michigan.
7. I agree to abide by the Troop's Cell Phone Policy and I will not bring my phone to Mackinac Island. As the parent/guardian of my Scout, I agree to ensure that my daughter does not bring a cell phone to Mackinac Island.
8. As the parent/guardian of my Scout, I agree to pick up my daughter from the Island immediately if my daughter is found to have brought her phone to the Island.
9. I am currently a registered Girl Scout and will keep my registration current through 2022.

(Last Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Scout

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

PLEASE RETURN THIS FORM AT THE GENERAL MEETING ON **February 5, 2022**

**TROOP 327 MACKINAC ISLAND  
GOVERNOR'S HONOR GUARD – 2022**

**PARENT PERMISSION AND ACKNOWLEDGEMENT**

I acknowledge that my daughter understands and has signed the Scout Commitment Agreement. I agree with her desire to be a part of the Mackinac Island Scout Service Camp and Governor's Honor Guard. I have read the regulations pertaining to discipline, including all incurred expenses, phone, transportation and medical and hereby agree to the terms.

My daughter \_\_\_\_\_ has permission to participate as a member of Troop 327 Mackinac Island Governor's Honor Guard on June 18, 2022 through June 25, 2022, including the general meetings and patrol meetings scheduled for Feb 5, Feb 26, Mar 26, April 23, May 14, and June 4, 2022.

- ☐ My daughter has my permission to go bicycle riding on the Island. As her parent/guardian, I assume full responsibility for any damages (personal injury or bicycle damage) that may occur. [Girl Scout Safety Rules require all Scouts to wear bicycle helmets when riding a bike. There are helmets available at the Scout Barracks, but it is strongly encouraged that your daughter bring her own helmet.]
- ☐ I give permission for my daughter to be photographed for Girl Scout publicity purposes.

Please check below your instructions for your daughter's medical care, if needed.

- ☐ I am willing for my daughter to receive first aid treatment. I understand that, if possible, I will be contacted if additional medical care is needed.
- ☐ I am willing for my daughter to receive first aid treatment, but not willing for her to receive additional medical care, if needed.

Please follow these instructions:

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**PLEASE PROVIDE SCOUT'S MEDICAL CARD OF PERSONAL  
COVERAGE OR A PHOTOCOPY OF BOTH SIDES OF THE CARD.**



PLEASE RETURN THIS FORM AT THE GENERAL MEETING ON FEBRUARY 5, 2022

(Scout's Last Name)

If needed, my daughter may take the following non-prescription medications. These medicines will not be dispensed if the information requested below is not completed:

<u>MEDICATION</u>	<u>DOSAGE</u>
Acetaminophen / Tylenol	
Ibuprofen / Motrin / Advil	

<u>MEDICATION</u>	<u>DOSAGE</u>
Throat Lozenges	
Tums	

If your daughter requires any other over-the-counter medication, or prescription medication, it must be in its original packaging with the correct dosage indicated. Please write out any special instructions and enclose with the medication in a plastic zip-lock type bag clearly marked with the Scout's name. This should be given to the First Aid Advisor before boarding the bus on June 18, 2022.

Physician's name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Allergies: \_\_\_\_\_

I understand that a doctor's physical report is required for participation.

**IN CASE OF EMERGENCY, I CAN BE REACHED AT:**

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_

Office Phone: ( \_\_\_\_ ) \_\_\_\_\_ Other: ( \_\_\_\_ ) \_\_\_\_\_

If I cannot be reached in case of emergency, whether physical or disciplinary, you may contact **the following people** who **have my permission to authorize care for my daughter**:

Name: \_\_\_\_\_ Relationship to Scout: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_

Office Phone: ( \_\_\_\_ ) \_\_\_\_\_ Other: ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Scout: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_

Office Phone: ( \_\_\_\_ ) \_\_\_\_\_ Other: ( \_\_\_\_ ) \_\_\_\_\_

**Additional remarks:**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**SCOUT'S NAME**

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

# MACKINAC ISLAND TRANSPORTATION FORM 2022

PLEASE PRINT LEGIBLY

PARENT/GUARDIAN NAME(S) \_\_\_\_\_  
HOME PHONE (W/AREA CODE) \_\_\_\_\_  
CELL PHONE(S) (W/AREA CODE) \_\_\_\_\_  
E-MAIL ADDRESS(ES) \_\_\_\_\_  
PARENT/GUARDIAN TELEPHONE NUMBER WHERE YOU MAY BE  
REACHED JUNE 18-25, 2022 \_\_\_\_\_  
SCOUT'S CELL (W/AREA CODE) \_\_\_\_\_  
SCOUT'S E-MAIL ADDRESS \_\_\_\_\_

## Sat, June 18, 2022 – travel to Mackinaw City from Grosse Pointe *[please check one]*

- ☐ My daughter will travel with the Troop on the bus.  
☐ My daughter will meet the Troop at Shepler's Dock in Mackinaw City.

## Saturday, June 25, 2022 – return to Grosse Pointe *[please check one]*

- ☐ My daughter will return to Grosse Pointe with the Troop on the bus.  
☐ My daughter will be met at Shepler's Dock *on Mackinac Island*.  
☐ My daughter will be met at Shepler's Dock *in Mackinaw City*.

## Volunteer Drivers are needed for Scouts and supplies.

*[Please check all that apply.]*

- ☐ I will be able to drive supplies to Mackinaw City (*circle one: van/car*)  
☐ I will be able to drive girls to Mackinaw City  
number of seats available: \_\_\_\_\_)  
☐ Please contact me if you need a driver.  
☐ Sorry, I cannot drive for you this year.

I acknowledge and will abide by Troop rules and guidelines, including  
bringing only permitted items and luggage space limitations.

Date: \_\_\_\_\_ Scout's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Please complete and return at the General Meeting on February 5, 2022

(Scout's Last Name)

# ALLERGY FORM – 2022

Scout's Name: \_\_\_\_\_

Does your daughter have any allergies?

☐ Yes

☐ No

<b>FOOD:</b> _____ _____ _____	<b>REACTION:</b> _____ _____ _____	<b>TREATMENT:</b> _____ _____ _____
<b>MEDICATIONS:</b> _____ _____	<b>REACTION:</b> _____ _____	<b>TREATMENT:</b> _____ _____
<b>INSECTS:</b> _____ _____	<b>REACTION:</b> _____ _____	<b>TREATMENT:</b> _____ _____

Other allergies: (i.e. chemicals, latex, plants, animals)

<b>ALLERGY:</b> _____ _____	<b>REACTION:</b> _____ _____	<b>TREATMENT:</b> _____ _____
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Does your daughter have any special dietary needs?

\_\_\_\_\_  
\_\_\_\_\_

Please complete and return at the General Meeting on February 5, 2022