

## GIRL SCOUT MEDICAL EXEMPTION APPLICATION

\_\_\_\_\_  
(Name of Girl Scout)

I do hereby certify that I am the parent/legal guardian of the Girl Scout named above (the "Girl Scout"). The Girl Scout is presently a minor. I hereby certify and acknowledge that said minor is presently under my care, custody, and control.

It is respectfully requested that the Girl Scout be exempted on religious grounds from all pre-activity physical examination, vaccination and/or immunization requirements in connection with Girl Scout activities. To the best of my knowledge and belief, she is and has been in normal good health and is free from all communicable diseases.

In consideration of these exemptions, it is understood that I accept complete responsibility for the health of this minor. I understand the risks associated with failing to receive such physical examinations, immunizations and/or vaccinations, but nevertheless request that the Girl Scout be exempted from these requirements.

It is further understood that should an emergency arise, I will be notified immediately. If I cannot be reached, I direct that the alternate emergency contact be notified.

Notwithstanding anything to the contrary herein, in the event of an emergency, the Girl Scouts of Virginia Skyline Council, Inc., its employees, agents and representatives and any third parties providing emergency medical services (including, but not limited to, emergency medical response personnel, doctors and hospitals, as applicable), are hereby authorized and directed to take such temporary measures as they deem to be reasonably necessary and appropriate to provide appropriate medical care and treatment to the Girl Scout.

\_\_\_\_\_  
Signature of Parent or Guardian

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Day Phone: (    )    - \_\_\_\_\_

Evening Phone: (    )    - \_\_\_\_\_

Email: \_\_\_\_\_

### **ALTERNATE EMERGENCY CONTACT** (please print)

Name: \_\_\_\_\_

Phone: Day (    )    - \_\_\_\_\_

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

Evening (    )    - \_\_\_\_\_

\_\_\_\_\_  
Zip

Relationship to Girl Scout: \_\_\_\_\_