

## Troop Start-up and Management Resource Packet

We are thrilled that you have stepped-up to Troop Leadership—**Thank you!** We are committed to ensuring that your experience as a Troop Leader is rewarding, impactful, and fun! We are here to support you as you begin your troop and throughout the troop year. This start-up packet is designed to place all the essential troop management resources, documents, and forms at your fingertips. Below is a brief overview of what you will find inside:

<b>Girl Scout and Adult Health History Record</b>	Required at the beginning of the troop formation/year for each girl; Adult Health Records are optional but encouraged especially on Girl Scout activities away from the standard troop meeting location
<b>Parent/Caregiver Permission for Girl Scout Activities, Events, and Trips</b>	Per Safety-wise guidelines, required for any activity, event, or trip that takes place outside the standard troop meeting location
<b>Permission to Participate in a Sensitive Issues Discussion</b>	To be responsive to girls’ needs and interests, some Girl Scout activities focus on subjects that may be considered sensitive. While we believe that sensitive issues are best addressed by parents/caregivers, occasionally there may be an activity that involves an open discussion on one of these issues—parent/caregiver permission is required.
<b>Troop Code of Conduct</b>	An outline of behavior expectations for troop members which are shared with girls and families. Girls and parents/caregivers acknowledge their agreement by signing and submitting to form to the troop leadership.
<b>Emergency Procedures Card</b>	Outlines steps to take if there is an emergency during a Girl Scout activity. We suggest all troop volunteers carry this card during activities and outings, as well as put a card in the troop first-aid kit so that it is always at hand.

A few **quick links** to online/digital forms which your troop may need outside of this packet:

<b><u><a href="#">New Bank Account Letter Request</a></u></b> <b><u><a href="#">Changes to Bank Account &amp; Third Party Apps</a></u></b>	Needed when you open your troop bank account or change the signers on the troop bank account.
<b><u><a href="#">Opportunity Catalog and Troop Updates Form</a></u></b>	Tell us any updates you need to make to your troop information, as well as to open new spots for girls and adults to join. Troops accepting new girls or troop volunteers can be displayed in our online catalog making it easier for girls and adults to go online and register for your troop!
<b><u><a href="#">First-aider Registration Form</a></u></b>	Your troop first-aider can use this link to submit their current first-aid and CPR certification(s)
<b><u><a href="#">Incident/Accident Form</a></u></b>	To report any incident or accident that occurs during a Girl Scout activity; to be submitted within 48 hours. Download and complete/submit online through this link or complete entire form via this online link.
<b><u><a href="#">Request for Certificate of Insurance</a></u></b>	May be required by an outside organization or vendor through which a troop rents use of their facilities
<b><u><a href="#">Insurance Information Packet</a></u></b>	Found in <i>Safety Activity Checkpoints</i> , however, if you need to purchase additional insurance, here is where you will find the forms
<b><u><a href="#">Mid-risk and High-risk Activity Permission</a></u></b>	Needed for those activities identified as a mid or high-risk activity as outlined in <i>Safety Activity Checkpoints</i>

When your troop is established, should the troop members decide they are ready for **outdoor, travel, and leadership award opportunities**, please visit [gscm.org](http://gscm.org) for the resources and forms you will need!

Don’t forget—if you haven’t already, be sure to familiarize yourself with the [Volunteer Essentials](#) manual and [Safety Activity Checkpoints](#) where you will find guidance on troop activities. The [Volunteer Toolkit \(VTK\)](#) is a digital, customizable planning tool where troop leaders can plan and run their troop more efficiently, track troop member achievements, find suggested [year plans](#), access activity guides, and find badge requirements.

Thank you again for your volunteerism and please remember, we are here to support you, answer your questions, and cheer you on! We are just a phone call away at 410.358.9711 or email us at [membercare@gscm.org](mailto:membercare@gscm.org) and your Member Experience Specialist will be in touch.

## Girl Scout and Adult Health History Record

This health record is to be completed on both sides and signed by parents/caregivers of the Girl Scout or by adult members themselves. This form must be completed annually (and as changes occur) by the child's parent/caregiver and returned to the troop/group volunteer and/or troop/group first-aider prior to attending the first troop/group meeting. Use additional paper, if needed.

GENERAL INFORMATION		
Name <input type="checkbox"/> Girl Scout <input type="checkbox"/> Adult	Date of Birth	Troop/Group Number (if applicable)
Home Address	Phone Number	
Girl Scout Parent/Caregiver 1 Name	Phone Number	
Girl Scout Parent/Caregiver 1 Address, if different from Girl Scout	Relationship to Girl Scout	
Girl Scout Parent/Caregiver 2 Name	Phone Number	
Girl Scout Parent/Caregiver 2 Address, if different from Girl Scout	Relationship to Girl Scout	
Custodial Care of the Girl Scout <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other; please describe:		

EMERGENCY CONTACT INFORMATION		
Name of Emergency Contact	Phone Number	Relationship to Girl Scout/ Adult
Address		
Name of Family Physician	Phone Number	
Name of Medical/Hospital Insurance Carrier	Policy or Group Number	

ILLNESSES, INJURIES, AND CONDITIONS							
<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Sickle Cell Trait/Disease
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Skin Conditions
<input type="checkbox"/>	Bed Wetting	<input type="checkbox"/>	Epilepsy/Seizures	<input type="checkbox"/>	Menstrual Cramps	<input type="checkbox"/>	Sleep Disturbances
<input type="checkbox"/>	Bleeding/Clotting Disorders	<input type="checkbox"/>	Headaches/Migraines	<input type="checkbox"/>	Musculoskeletal Disorders	<input type="checkbox"/>	Special Dietary Regimen
<input type="checkbox"/>	Constipation	<input type="checkbox"/>	Heart Defect/Disease	<input type="checkbox"/>	Nosebleeds	<input type="checkbox"/>	Stomach Upsets
<input type="checkbox"/>	Other:						
Below, please explain any illnesses, injuries, and conditions checked above. Indicate any information useful to the adult in charge in relation to any of these health conditions or physical limitations. Additionally, indicate any activities to be encouraged or restricted (if more space is needed, please attach additional information to this form):							

ALLERGIES			
Allergies	Yes	No	Specify Nature of Allergic Reaction
Animals	<input type="checkbox"/>	<input type="checkbox"/>	
Food	<input type="checkbox"/>	<input type="checkbox"/>	
Insect Bites/Stings	<input type="checkbox"/>	<input type="checkbox"/>	
Medicines/Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Pollen/Hayfever/Plants/Trees	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

**Record of Immunization for Girl Scout:**

I attest that all of my Girl Scout’s immunizations, as required by school, are up-to-date at the time of completion of this health record. If not, please explain: \_\_\_\_\_

**Required or Restricted Medications:**

- My Girl Scout needs or may need medications administered (see below)
- I will provide the Girl Scout activity first-aider with the following medications for my Girl Scout; I understand that all medications must be in the original packaging and must include written physician instructions in regard to administration and dosage.

Medication	Reason for Medication	Dosage	Frequency	Girl Scout Self-administration
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

- I give the appointed, certified Girl Scout activity First-aider my permission to administer the following over-the-counter medications to my Girl Scout according to package dosage directions:  None  Ibuprofen  Acetaminophen  Antihistamine (e.g., Benadryl)  Hydrocortisone Cream  Sunscreen  Insect Repellent  Antacid  Cough Drops
- Physicians, nurses, health professionals, or first-aiders may NOT administer the following treatments or medications to my Girl Scout:  
\_\_\_\_\_

**Emergency Medical Treatment:** In the event of an emergency, the volunteer or staff in charge with Girl Scouts of Central Maryland will seek treatment for your Girl Scout. Every effort will be made to contact the parent/caregiver or noted emergency contact.

- I understand that Girl Scout activity insurance is secondary to any personal insurance I may hold.
- I do not grant authorization to administer the following treatment(s) for my Girl Scout:  
\_\_\_\_\_  
\_\_\_\_\_

**Girl and Adult Health History Record Addendum as of October 2022:** Communicable diseases, such as COVID-19, are extremely contagious viruses which spread easily through person-to-person contact. As Girl Scouts of Central Maryland (GSCM) takes every safety and preventative precaution, GSCM can in no way warrant that a communicable disease will not occur through participation in GSCM programs. In addition to this Health History Record, parents/caregivers must sign for each Girl Scout a *Parent/Guardian Permission for Girl Scout Activities, Events and Trips* which will be kept on file with the Girl Scout’s troop/group.

*This health history record for my Girl Scout is complete and accurate. I know of no reason, other than the information indicated on this record, why my Girl Scout should not participate in Girl Scout activities. If after completion of this health history record there would be changes to my Girl Scout’s health information, I will update the record as soon as possible. Furthermore, I agree to comply and to ensure compliance by my Girl Scout with all local, State, and federal orders and recommendations relating to preventing the spread of communicable diseases and all safety protocols instituted by GSCM relating to participation in Girl Scout activities. I agree that neither I nor my participating Girl Scout shall participate in Girl Scout activities if ill or have been exposed to others who have a confirmed cause of a communicable disease. I acknowledge that GSCM has taken reasonable and appropriate steps to implement health and safety protocols for hindering the transmission of communicable diseases. I agree that Council may revise its protocols at any time based on updated recommended guidance and recommendations issued by public health agencies and further agree that I and my participating Girl Scout will comply with Council health and safety procedures and revised procedures prior to participating in, visiting, or utilizing the facilitates, services, and/or the programs of the GSCM Council.*

If completing this form with a typed signature: *By checking this box  I certify my consent and that my typed name has the same effect as my handwritten signature.*

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date





## Permission to Participate in a Sensitive Issues Discussion

In order to be responsive to girls' needs and interests, some Girl Scout activities focus on subjects that may be considered sensitive. While we believe sensitive issues are best addressed by parents/caregivers, occasionally we will be having an open discussion on one of these issues.

Please review the following information so that you are informed of the program content being presented and discussed, and then complete the participation consent below.

On \_\_\_ / \_\_\_ / \_\_\_ we will be discussing \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

The content of the presentation complies with the guidelines of the Girl Scouts of the USA and Girl Scouts of Central Maryland. The materials we will be using are available for your review.

Please contact \_\_\_\_\_ (Troop Leader) at (\_\_\_\_\_) \_\_\_\_\_ or via email at \_\_\_\_\_ regarding viewing materials prior to the meeting/program or to discuss any questions you may have concerning your Girl Scout's participation in this discussion.

Alternative activities \_\_\_\_\_ will \_\_\_\_\_ will not be provided for any Girl Scouts who are NOT participating in this activity.



## Permission to Participate in a Sensitive Issues Discussion

*Please complete the form below and return it to the troop leader. Retain the top portion for your reference.*

Girl Scout Name: \_\_\_\_\_

I understand that there will be a discussion on \_\_\_ / \_\_\_ / \_\_\_ about the topic of \_\_\_\_\_  
\_\_\_\_\_.

I have reviewed the information above and:

- Give permission for my Girl Scout to participate
- Do not give permission for my Girl Scout to participate

\_\_\_\_\_  
Signature of Parent/Caregiver

\_\_\_\_\_  
Date

## Troop Code of Conduct

The Code of Conduct, combined with the Girl Scout Promise and Law, is our guide for behavior for all Girl Scout activities. This agreement will be in force for all troop meetings, events, travel trips, camping, and other activities. This code of conduct must be reviewed and signed by all troop volunteers, Girl Scouts, and Parents/Caregivers and copies kept on file with the troop.

**Troop Number:** \_\_\_\_\_

As a girl, volunteer or family member of this troop, I understand that my attitude and behavior are important to my success and the success of others in my troop.

I also understand as a member of the Girl Scout community, it is my responsibility to follow the principles of the Girl Scout Promise and Law, as well as follow troop behavior guidelines and abide by the following code of conduct. I will:

- Be considerate of the feelings, ideas, and opinions of others.
- Follow the rules that are made to keep me and others safe, as well as help make sure activities are fun and successful.
- Treat other people, myself, property, and equipment with respect.
- Be respectful of my Girl Scout Leaders. I will listen carefully to all instructions, ask questions calmly, and if disappointed, I will express my opinion respectfully.
- Do my best to work out any conflict or argument. I understand that Girl Scouts of Central Maryland has a firm stance against all types of verbal, physical, and relational bullying. I will go to my troop leaders or another trusted adult if I am having any problems.

### Girl Scout Promise

On my honor, I will try:  
To serve God\* and my country,  
To help people at all times,  
And to live by the Girl Scout Law

### The Girl Scout Law

I will do my best to be  
honest and fair,  
friendly and helpful,  
considerate and caring,  
courageous and strong, and  
responsible for what I say and do,  
and to  
respect myself and others,  
respect authority,  
use resources wisely,  
make the world a better place,  
and be a sister to every Girl Scout.

\*Members may substitute for the word God in accordance with their own spiritual beliefs.

If I do not abide by the Girl Scout Promise and Law and this code of conduct, Girl Scouts of Central Maryland staff may:

- Ask me to adjust my behavior to be in alignment with agreements
- Remove me from the activity to review agreements and discuss steps to adjust my behavior
- Request my parent/caregiver to assist with resolving the issue
- Request my parent/caregiver to attend future meetings and activities
- May recommend an alternative Girl Scout activity for me

I agree to accept the Girl Scout Promise and Law and display appropriate conduct at all times.

Girl Scout Troop Member: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### EMERGENCY PROCEDURES

Major emergency procedures in the event of a serious accident, emergency, or fatality. The lead person at the scene:

1. Give priority attention to caring for the needs of the victim.
2. Contact physician, ambulance, police, fire department, and clergy as appropriate.
3. Retain a responsible adult at the scene of an accident or emergency.
4. Call GSCM at 410-358-9711 or 1-800-492-2521 during office hours to report a major emergency. During office hours, the receptionist will forward your call to the appropriate staff member.
5. In case of a serious accident the council representative will determine who will call at-home troop/group emergency contact and parents/caregivers.

### EMERGENCY PROCEDURES, CONT.

6. In the event of a fatality, always notify the police. See that no disturbance to the victim or surroundings is permitted until the police have arrived.
7. Collect the following facts: What happened? How? When? Where? Who is involved? What are the probable causes? Record the above facts and deliver to the GSCM office within 24 hours along with the original parent/caregiver permission forms and health history forms.
8. Be prepared to receive any media people until the council spokesperson arrives. Do not issue any statements. Indicate that you are not authorized to speak for the Council and that a spokesperson will be on hand to provide accurate information as soon as possible.



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