

# **GIRL SCOUTS of SOUTHEASTERN MICHIGAN- PORT HURON**

## **Mackinac Island Scout Service Program**

**Service Dates: TBA August 2026**

### **General Application Information**

- It is expected that all girls attend all trainings for the entire time they are scheduled. Girls who are not willing to meet the necessary time commitments may be removed from participant and placed into an alternate position.
- Previous participation does not guarantee selection, however, returning scouts are usually considered before first time applicants.

**Complete application package must be received by: January 31, 2026**

**Mail to: Christine Evenson, 2723 Cherry Street, Port Huron, MI 48060**

The selection process includes review of your application, cover letter, and evaluation of previous service within the group of returning girls. Returning scouts, after your documents are reviewed you will be notified if you are selected as a participant or an alternate\*. *New scouts will be required to have a short 2-minute presentation prepared for Selection Day with a topic related to Mackinac Island or Mackinac Island Honor Scouts.* New scouts will be notified of their appointment after Selection Day.

**Leadership applicants:** Two years of previous service is preferred, may take one year depending on outside leadership experience and troop need. . Must have earned one MIHS badge for each year of service

You must submit this application along with your application for leadership and attend a leadership interview.

**Please follow** the Forms to be Completed- Due Dates for when paperwork is due.

### **IMPORTANT INFORMATION:**

Each participant must arrange for transportation to Mackinac City and back. All girls will be required to meet in **Mackinac City on Saturday at 11:00 AM**- late arrivals will **not be permitted for any reason**. All girls will be released to their ride home in **Mackinac City on Saturday at 11:00 AM** -early departures will not be permitted for any reason.

## **GIRL SCOUTS of SOUTHEASTERN MICHIGAN- PORT HURON**

### **Important Dates:**

**You must attend the following sessions.**

**\*\*If you are selected for leadership, please add the following:**

**A leadership only overnight will be held April 17-18 from 6:00 pm -4:00 pm.**

January 31, 2026 Application Package due with \$100.00

March 14, 2026 Leadership interviews 8:00 am- 9:30 am or 2:00 pm- 4:00 pm.  
Assist with new scouts 9:45 am- 2:30 pm (also set up/clean up)

March 14, 2026 New Scout Selection Day 10:00 am- 2:00 pm

April 18, 2026 Training 10:00 am- 4:00 pm. Please bring your own lunch and water bottle.  
**\$150.00 Payment Due**

May 8-9, 2026 Training 6:00 pm- 4:00 pm. Eat dinner prior. Evening snack, breakfast  
and lunch provided. Bring your water bottle.

**Uniform order sheets with full payment due.**

June 20, 2026 Training 10:00 am- 4:00 pm. Please bring your own lunch and a water bottle.  
**Transportation Forms are due.**

July 18, 2026 Training 10:00 am- 4:00 pm. Please bring your own lunch and a water bottle.  
**Update the Health Officer with any health changes for your child.**

**August 2026 Event! Mackinac Island Scout Service Program!**

ALL TRAININGS will be held at Faith Lutheran Church, 3455 Stone St, Port Huron, MI 48060

## **GIRL SCOUTS of SOUTHEASTERN MICHIGAN- PORT HURON**

### **Financial Information:**

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**Fees: \$250.00** ➡ \$100.00 due with application, and \$150.00 due at April training. All fees are nonrefundable. At the discretion of the director, fees may be applied toward the following year. New applicant fee, if not selected will be refunded minus training and application fees.

**This fee includes:** food, ferry, lodging on the island, group activities, and partial training expenses.

**This fee DOES NOT include:** required uniform (see below), and transportation to and from Mackinac City.

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### **REQUIRED UNIFORMS:**

*Rental Uniforms:* Portions of the required uniform parts are borrowed from Troop 50001. There is a \$20.00 deposit collected with \$10.00 refunded when the uniforms are returned to us. The rental uniform parts include: 2 pair of shorts (tan).

*Uniform pieces to be purchased by new scouts-* The following uniform parts must be purchased from the Troop at the May training. Returning scouts may order replacement uniform pieces at this time. (See next page)

Used items are occasionally available from previous Honor Scout members.

*Required personal items:* ALL brown tie shoes (not hiking boots), ALL white (no color swishes) supportive tie tennis shoes, ALL white crew length socks (mid-calf), analog watch, silver water bottle, brown belt, GSUSA and World Association pins.

If desired, for your convenience, the director can purchase a watch, water bottle, belt, and pins for you.

***\*Final cost of uniform pieces may vary based on pricing from vendors.***

If you have any questions, please contact Christine Evenson

Cell phone: (810) 434-3115 (call or text), email: [mackinacislandtroop50001@gmail.com](mailto:mackinacislandtroop50001@gmail.com)

***Please make checks out to: GSSEM Troop 50001***

| Item Description                             | Amount                           |
|--|----------------------------------|
| Blue Uniform Sweatpants                      | \$32.00                          |
| Blue Shorts                                  | \$19.00                          |
| Blue Uniform Jacket                          | \$36.00                          |
| Clear Uniform Poncho                         | \$5.00                           |
| Crewneck Sweatshirt                          | \$26.00                          |
| Hooded Zip Sweatshirt                        | \$52.00                          |
| 2 Royal Polo Shirts                          | Each \$14.00                     |
| White Polo Shirt                             | \$14.00                          |
| White Gloves                                 | \$2.50                           |
| Tan Tab                                      | \$2.50                           |
| Name Tags                                    | \$6.00                           |
| Troop T-shirt                                | \$9.00                           |
| Backpack, Jansport Black with Logo           | \$60.00                          |
| Hat  | \$21.00                          |
| Tote \$9.00                                  | Tote \$9.00                      |
| Troop Shorts Rental                          | (2 pairs @ \$10.00 each) \$20.00 |
| Analog Watch (or purchase on your own)       | \$10.00                          |
| Brown Belt (or purchase on your own)         | \$8.00                           |
| Silver Water Bottle (or purchase your own)   | \$10.00                          |
| GSUSA Pin (or purchase your own)             | \$3.50                           |
| World Association Pin (or purchase your own) | \$3.00                           |
| Total  |                                  |



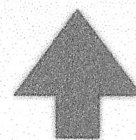
## **GIRL SCOUTS of SOUTHEASTERN MICHIGAN- PORT HURON**

### **Mackinac Island Scout Service Program**

*A Girl Scout must currently be in sixth through twelfth grade and active in one of the scouting pathways. Each scout must participate in monthly pre-Mackinac meetings. All scouts must provide a cover letter, application, and parental consent forms. They must furnish a completed health history and have current information on file. Scouts who are not willing to make the necessary time commitment will be removed from the event roster.*

*Troop 50001 maintains a strict policy forbidding the use of mobile phones and internet-enabled devices while on the island. To read more, please refer to the policy section of the application.*

**Current  
PHOTO  
Here**



**Please print:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE:( ) \_\_\_\_\_ CELL PHONE:( ) \_\_\_\_\_

PARENT'S CELL:( ) \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

CURRENT GRADE (circle one): 6 7 8 9 10 11 12

SCHOOL: \_\_\_\_\_

PARENT'S NAMES: \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

SCOUT'S EMAIL: \_\_\_\_\_

**Troop#** \_\_\_\_\_ **or Other** \_\_\_\_\_ **Troop Leader** \_\_\_\_\_

1. Have you served with Mackinac Island Scout Service Program before? **YES** **NO**

If so, how many years? \_\_\_\_\_ Please list years served \_\_\_\_\_

2. For Returning scouts, how many Mackinac Island Troop Badges have you completed, if so which ones? \_\_\_\_\_

3. List service activities you participated in as a scout: \_\_\_\_\_

\_\_\_\_\_

4. List non scout service activities you have participated in: \_\_\_\_\_

\_\_\_\_\_

5. Girl Scout Awards earned (Leadership, Bronze, Silver, Gold Awards): \_\_\_\_\_

\_\_\_\_\_

6. Awards earned (non Girl Scout): \_\_\_\_\_

\_\_\_\_\_

7. Do you play a musical instrument? **YES NO** If yes, please list: \_\_\_\_\_

8. Please let us know why you would like to serve with Mackinac Island Scout Service Program? \_\_\_\_\_

\_\_\_\_\_

9. Have you ever spent more than a weekend away without your parent/family/caregiver?

**YES NO** How long? \_\_\_\_\_ Where? \_\_\_\_\_

10. How did you hear about this group? \_\_\_\_\_

\_\_\_\_\_

11. I understand that service is the main responsibility of this program? **YES NO**

**Scout Commitment:** I am currently registered as a Girl Scout and am interested in being part of Girl Scouts of Southeastern Michigan council troop serving the state of Michigan on Mackinac Island. I understand that I will be expected to attend all required trainings to prepare for this event. I understand that service is the main responsibility of this program.

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

**Parent/Guardians' Permission:** I give \_\_\_\_\_ my permission to apply to be a part of the Mackinac Island Scout Service Program, attend all trainings, and for their photograph to be utilized for troop promotional materials. I understand the projected expenses, time commitment, and that a new set of forms is required every year.

Parent/Guardians' signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MIHS – Emergency Medical Authorization form** (Page 1 of 4)**Demographics**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (at time of event): \_\_\_\_\_

GSUSA ID # \_\_\_\_\_ e-mail address \_\_\_\_\_

Parent/Guardian with legal custody to be contacted in case of emergency:

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

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Second Parent/Guardian to contact:

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

Home # (\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Additional Contacts in the event parents cannot be reached:

Name: \_\_\_\_\_ Relation to Scout: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Scout: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Medical Insurance and Physician Information**☐ Scout does NOT have health care coverage at this time☐ Scout has health care coverage (Please give information below)*Include a copy of your insurance card. Copy both sides of the card so information is readable*

Insurance Company: \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number: (\_\_\_\_) \_\_\_\_\_

**Health-Care Providers for Scout**

Name of Primary Care Physician (PCP): \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Orthodontist: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Eye Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Other Care provider/Specialty \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

This health history is correct and accurately reflects the health status of the Scout named above. The Scout has permission to participate in all camp activities (unless otherwise stated by my daughter's physician in his/her notes attached). I hereby give my permission to the licensed health-care provider selected by the adult leader in charge to order x-rays, routine tests and treatment related to the health of my child for both routine health care and emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health records from providers who treat my child and these providers may talk with the program's staff about my child's health status. In the event my daughter's illness or injury prevents her from completing her duties as a Mackinac Island Honor Scout I will be responsible to make arrangements to pick my daughter up from the island promptly at my own expense. I release GSUSA from all liability which may result from the evaluation and treatment of my child.

Signature of Parent/Guardian: X \_\_\_\_\_ Relationship \_\_\_\_\_ Date: \_\_\_\_\_

**MIHS – Emergency Medical Authorization form** (Page 2 of 4)**Past and/or Current Medical History: Please check all that apply:**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Acne              | <input type="checkbox"/> Dental injury           | <input type="checkbox"/> Headaches/Migraines    | <input type="checkbox"/> Mononucleosis        |
| <input type="checkbox"/> Alcohol use       | <input type="checkbox"/> Dental Braces/Retainer  | <input type="checkbox"/> Head Injury/Concussion | <input type="checkbox"/> Motion Sickness      |
| <input type="checkbox"/> Anemia            | <input type="checkbox"/> Diabetes (Type I or II) | <input type="checkbox"/> Heart Disease/Problems | <input type="checkbox"/> Nosebleeds           |
| <input type="checkbox"/> Arthritis         | <input type="checkbox"/> Ear Injury/Disease      | <input type="checkbox"/> Heat Related Illness   | <input type="checkbox"/> Orthopedic Problems  |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Eczema/Psoriasis        | <input type="checkbox"/> Hepatitis              | <input type="checkbox"/> Rheumatic Fever      |
| <input type="checkbox"/> Bed Wetting       | <input type="checkbox"/> Eye Injury/Disease      | <input type="checkbox"/> High Blood Pressure    | <input type="checkbox"/> Seizures/Convulsions |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Eye Glasses/Contacts    | <input type="checkbox"/> Intestinal Disorder    | <input type="checkbox"/> Sleep Abnormalities  |
| <input type="checkbox"/> Cancer or Tumor   | <input type="checkbox"/> Fainting/Dizziness      | <input type="checkbox"/> Kidney Disease/Stones  | <input type="checkbox"/> Tobacco Use          |
| <input type="checkbox"/> Chicken Pox       | <input type="checkbox"/> Hay fever/Allergies     | <input type="checkbox"/> Menstrual cramps       | <input type="checkbox"/> Thyroid Disorder     |

Please explain any items checked above:

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**Surgical History:**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Appendectomy | <input type="checkbox"/> Ear           |
| <input type="checkbox"/> Bone/Joint   | <input type="checkbox"/> Hernia Repair |
| <input type="checkbox"/> Dental       | <input type="checkbox"/> Tonsils (T&A) |
| <input type="checkbox"/> Other: _____ |  |

**Hospitalization History:**CauseDate

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please explain any items checked above and provide dates if known:

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**Mental & Emotional Health: Has the camper been diagnosed or treated for any of the following?**

- |                                  |   |  |                                       |
|----------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> ADD     | <input type="checkbox"/> Depression               | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> ADHD    | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> OCD                 | _____                                 |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Eating Disorder          | <input type="checkbox"/> PTSD                | _____                                 |

Does your daughter see a mental health professional to address mental/emotional health concerns? \_\_\_\_\_

Any home, family, or other life experiences or circumstances that the staff should know about? \_\_\_\_\_

If "Yes" please explain: \_\_\_\_\_



MIHS #

**MIHS – Emergency Medical Authorization form** (Page 3 of 4)

List ALL medication your daughter is bringing to camp, including prescriptions, vitamins, natural remedies, and over-the-counter meds. All medication must have:

- The original pharmacy or manufacturer container
- Camper's name printed on the bottle
- Current date (expired medication will not be accepted)
- Provide enough of each medication to last the entire time she will be on the island
- Include any special measuring devices used to take the medicine (i.e. medicine cup, spoon, applicator, etc.)
- All medications need to be placed in a plastic bag labeled with her name & MIHS #

| Name of Medication | Reason for taking medicine | Dosage/amount given | When is it given?<br>Breakfast, Lunch, Dinner,<br>Bedtime, as needed |
|--------------------|----------------------------|---------------------|--|
|                    |                            |                     |  |
|                    |                            |                     |  |
|                    |                            |                     |  |
|                    |                            |                     |  |
|                    |                            |                     |  |
|                    |                            |                     |  |
|                    |                            |                     |  |
|                    |                            |                     |  |
|                    |                            |                     |  |

**Menses**

Age menses occurred? \_\_\_\_\_ years

If no menses has occurred thus far, is your daughter aware and knowledgeable of this process? Yes\_\_\_ No\_\_\_

**MIHS – Emergency Medical Authorization form** (Page 4 of 4)

The following medications (or their generic equivalents) may be stocked in very limited quantities in the Scout Health center and administered as needed. It will be your responsibility to provide what your daughter typically uses on a regular basis. Please include these on your daughter's medication list on the previous page. **Cross out any medications stated below that the camper should NOT be given:**

**Pain, Illness & Allergies**

Tylenol or Alleve  
Motrin (Ibuprofen)  
Benadryl  
Sudafed  
Excedrin  
Zyrtec or Claritin  
Robitussin  
Chloraseptic Spray  
Cough drops/throat lozenges

**Digestion/Upset Stomach**

Tums  
Pepto Bismol  
Milk of Magnesia  
Gatorade  
Herbal Tea

**Topical/Skin Products**

Insect repellent  
Calamine/Caladryl lotion  
Aloe Vera  
Hydrocortisone  
Antibiotic Ointment  
Peroxide

I give permission for the medication/remedies stated above to be given to my daughter if needed.

Signature of Parent/Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

**ALLERGIES:** Check all that you have had in the past or have at this time**Drug Allergies:**

- ☐ NO known drug allergies  
☐ Amoxicillin  
☐ Aspirin  
☐ Penicillin
- ☐ Sulfa Drugs  
☐ X-Ray contrast  
☐ Other drug allergy  
(specify below)

**Other Allergies**

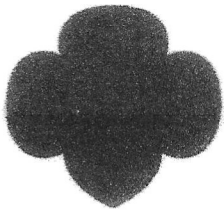
- ☐ NO known "other" allergies  
☐ Animals  
☐ Foods  
☐ Insect/Bee sting
- ☐ Latex  
☐ Plants  
☐ Seasonal/Pollen  
☐ Other (state below)

Please provide a brief explanation of all allergies you indicated above. Include type of reaction and treatment to be given.

**Diet and Nutrition:** Please check all that apply, and give specifics that will help the kitchen staff provide the best possible nutritional support for your daughter.

- ☐ Scout has no dietary restrictions  
☐ Vegetarian  
☐ Vegan  
☐ Other (specify): \_\_\_\_\_
- ☐ Lactose intolerant/dairy-free  
☐ Gluten Intolerant/wheat-free  
☐ Diabetic/low carb





Girl Scouts of Southeastern Michigan

# Mackinac Island Scout Service Program Child Information Form

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Location of parent if other than at home during week of service on Mackinac Island

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Persons to be **notified** in an emergency when parent/guardian cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Name(s) of persons to whom the child may be released.** You must include the name(s) of parents/guardian also (this includes anyone, friends & family, that will visit your daughter on the Island):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

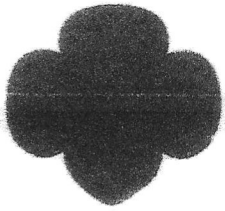
Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Date \_\_\_\_\_



Girl Scouts of Southeastern Michigan

# Mackinac Island Scout Service Program Troop Health History Record

Dear Authorized Person:

The following information is requested so that the camp can better meet the physical, intellectual, and emotional needs of the camper or minor staff. Fill out the information requested. (Use back of form if additional space is required.) "Authorized person" means a parent, guardian, or adult camper's designee.

|                                 |       |        |     |                       |
|---------------------------------|-------|--------|-----|-----------------------|
| Minor Child's Name (Last)       | First | Middle | Sex | Date of Birth         |
| Address (Number and Street)     | City  |        | Zip | Telephone (Home)      |
| Authorized Person's Name (Last) | First | Middle |     | Telephone (Work)      |
| Address (Number and Street)     | City  |        | Zip | Telephone (Emergency) |

| Is the minor child having any of the problems listed below?      | Yes                      | No                       |  | Yes                      | No                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Hay fever, asthma, or wheezing                                | <input type="checkbox"/> | <input type="checkbox"/> | 7. Trouble with passing urine or bowel movements | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Eczema or frequent skin rashes                                | <input type="checkbox"/> | <input type="checkbox"/> | 8. Shortness of breath                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Convulsions/seizures  | <input type="checkbox"/> | <input type="checkbox"/> | 9. Speech problems                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Heart Trouble   | <input type="checkbox"/> | <input type="checkbox"/> | 10. Menstrual Problems                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Diabetes  | <input type="checkbox"/> | <input type="checkbox"/> | 11. Dental problems                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Frequent colds, sore, throats, ear aches (4 or more per Year) | <input type="checkbox"/> | <input type="checkbox"/> | 12. Other  | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any problem areas identified above including any current infectious diseases:

|  |   |
|--|---|
| If female has she been told about menstruation<br>(answer if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No | Has she menstruated<br>(answer if appropriate) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Operations or Injuries _____   |   |

Explain Any Special Health, Behavioral or Emotional Consideration(s) \_\_\_\_\_

| Medication Needed or Used (Including Psychiatric) | Frequency | Dosage | Currently Being Given                                    |
|---|-----------|--------|--|
| Name  |           |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____   |           |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____   |           |        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Special conditions to be watched for such as ALLERGY (Reactions to food, Penicillin, or other drugs), Bedwetting, Fainting, Sleep Walking, etc.

Immunizations: Are the minor child (age 5 and older) immunizations up to date? ☐ Yes ☐ No

For children under age five attending camp attach a certificate of immunization record and status of the minor child's immunizations or provide a written religious or other exemption waiver signed by a physician.

Should the camper's activity be restricted because of any physical limitation or illness? ☐ Yes ☐ No

If yes, explain degree of restriction: \_\_\_\_\_

☐ Medical Emergency Care Authorization:  
I hereby give permission to the children's camp to secure emergency medical and surgical treatment and to provide routine, nonsurgical medical care, for the minor child named above, while attending camp. By signing below, I authorize care.

☐ For Religious Exemption:  
I object to consent to receipt of emergency medical or surgical treatment, by signing below I attest that my child is in good health, and I assume the health responsibility for my child.

I certify that this information is true to the best of my knowledge.

Authorized Person's Signature

Date



## **MISSP COMMITMENT AGREEMENT**

**Scout name (please print):** \_\_\_\_\_

**In order to provide the best possible experience for everyone, there are certain rules and policies that must be followed for the health and safety of all.**

1. I understand that being part of MISSP Troop 50001 is an honor and a privilege, not a right.
2. I agree to attend all trainings and acknowledge that my presence is required unless specifically excused in advance by the Director.
3. I agree to abide by the rules and decisions of the Troop Adults and Scout Leadership.
4. I agree to follow the Girl Scout Law at all times and be respectful and considerate of others' feelings and needs. I will also resolve any differences in a respectful manner (be a sister to every Girl Scout). Bullying will NOT be tolerated.
5. I understand that the possession of tobacco, vapes, other smoking materials, alcohol, or illegal drugs is prohibited and will result in immediate dismissal from the Island without refund.
6. I understand that the Mackinac Island Scout Service Program follows the rules and guidelines of the Mackinac Island State Park Commission and the Girl Scouts of Southeastern Michigan. I agree to carry out my assigned duties in a responsible manner. All this information will be provided to me in the files section of the troop's Band app account for my review.
7. I agree to abide by the Troop's Cell Phone Policy.
8. I am currently a registered Girl Scout.
9. I am responsible for all my personal items. The group is not responsible for the loss or damage to any personal belongings. Every item brought must be marked with the number you are assigned.
10. I understand ALL medications/prescribed drugs must be kept in a secure location under the supervision of the Health Supervisor.
11. If the scout arrives on the dock without all required uniform pieces, they will not be allowed to go to the island. It will be the parent's responsibility to bring the scout over at their own expense when they have all missing items. No money will be refunded to scout (parents) due to the lack of clothing items.
12. I understand I will be charged for any loaned uniform items not returned in good order to the troop.
13. In the event that medical treatment is necessary, I agree to reimburse the troop for any medical expenses not covered by Girl Scout accident or family medical insurance policies.

**We reserve the right to send anyone home (at the parent's expense and liability) who violates these rules.** It is the responsibility of the parents/guardian to arrange transportation home for the scout- to be picked up from the scout barracks at the convenience of the troop director.. The camp director reserves the right to determine what constitutes a violation of these rules.

**I have read, understand, and will abide by the rules stated above during my service on Mackinac Island.**

Signature of Scout: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **Parent Permission and Acknowledgement Form**

I acknowledge that my scout understands and has signed the Scout Commitment Agreement. I agree with their desire to be part of the Mackinac Island Scout Service Program. I have read the regulations pertaining to discipline, including all incurred expenses, phone, transportation, medical and hereby agree to the terms.

My scout \_\_\_\_\_ has permission to participate as a member of Mackinac Island Scout Service Program Troop 50001 during their week of service, including all required trainings.

- ☐ I give my permission for my scout to be photographed for Girl Scout publicity purposes.
- ☐ I give permission for my scout to be transferred by commercial ferry service while participating with Troop 50001.
- ☐ My scout has 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 bike rental place, or you scout may bring their own helmet.
- ☐ I give permission for my scout to fully participate in all evening programs and other activities arranged by the program committee. Including, but not limited to...cruise night, taxi rides, hiking, hayrides, yoga, etc.
- ☐ I give my scout permission to swim while participating with Troop 50001.
- ☐ The highest rating for a video or movie my scout has permission to watch is: \_\_\_\_\_
- ☐ I give permission to the staff of Troop 50001 to provide medical treatment for my scout in the event of illness or injury at trainings or while on the island. I understand that, if possible, I will be contacted if additional emergency medical care is necessary.
- ☐ I understand that my scout will not be calling home unless there are emergent or extenuating circumstances. I have discussed this expectation with them. No news is good news.

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| <p><b>PLEASE PROVIDE A COPY OF BOTH SIDES OF<br/>SCOUT'S PERSONAL MEDICAL INSURANCE CARD</b></p> |
|--|

Additional remarks, restrictions, or concerns: \_\_\_\_\_

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

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# MISSP- Policy Agreements

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## Absence Requests

Any absence (including arriving late or leaving early) you want to be excused must be listed below. Each case will be considered on an individual basis. Not all absences will be approved.

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

## Fees

All fees are nonrefundable. At the discretion of the Director, fees may be applied to next year. New applicant fee, if not selected will be refunded minus training and application fees.

## Cell Phone and Internet-Enabled Devices

Scouts will not be allowed to bring their cell phones or internet-enabled devices to the island.

1. If you use your phone in place of a camera, you may want to purchase a disposable one to take pictures with.
2. Scouts may have cell phones at training, but only may use them during break times. Scouts should understand that phones are a privilege not a right. They can be confiscated by adults for improper use.
3. Adults are not responsible for phones.

## COVID- 19

**Please read the following:**

1. I understand that if my scout has COVID- 19 symptoms or a fever they will be asked to go home.
2. The troop will be following current CDC guidelines.
3. I understand that if my scout has a fever or symptoms at any point during the week on the Island I will be required to pick my scout up.

**I, \_\_\_\_\_, understand all the above policies. I understand that if I do not abide by these rules, I will be sent home at my parents'/guardians' expense.**

**Scout signature: \_\_\_\_\_**

**Parent/guardian signature: \_\_\_\_\_**

## **Forms to be completed for MISSP Troop 50001**

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The following is a list of forms to be completed and signed by the scout and/or parent as designated. Please return all forms NO later than the date indicated. Thank you in advance for your cooperation. Incomplete applications will be placed on an alternate list.

**The medical form must be on file to attend any trainings.**

☐ **This Application Packet - Due January 31, 2026**

Must include the following:

-Photo

-Cover letter (similar to job or college application)

-Application

-Policy Agreements

-\$100.00 deposit

-Parent Permission & Acknowledgement

-Insurance Information (a copy of the front and back of the insurance card for your scout's medical insurance provider)

-Medical Forms

All new scouts and returning scouts must complete new forms yearly. Previously submitted forms are no longer considered valid after one season.

☐ **\$150.00 Payment- Due April 18, 2026**

Please make checks payable to: GSSEM Troop 50001

☐ **Uniform payment and rental deposit- Due May 9, 2026**

Please make checks payable to: GSSEM Troop 50001

☐ **Mackinac Island Transportation Form- Due July 18, 2026**

**SCOUTS MAY NOT BOARD FERRY UNLESS ALL REQUIRED  
FORMS ARE RECEIVED.**