



Parent Permission for Participation in Girl Scout Activity and Authorization to Consent to Emergency Medical Treatment for Girl Scout Minor

6601 Elvas Avenue Sacramento, CA 95819 • t 916.452.9181

[girlscoutshcc.org](http://girlscoutshcc.org)

Girl's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Troop #: \_\_\_\_\_ Leader's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone where parent may be reached in case of emergency or delay: \_\_\_\_\_

Other authorized adult: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Name and Policy #: \_\_\_\_\_

Special medical considerations regarding my daughter: \_\_\_\_\_

(Examples: allergies to medicine, food; diabetes, etc.)

**I hereby authorize Girl Scouts Heart of Central California, through the adult person(s) caring for my daughter, to order emergency X-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care as deemed advisable by a licensed physician. It is understood that every reasonable effort will be made to contact me or the person noted above before taking this action. I understand that this permission is given in advance of need for any diagnosis, treatment, or hospitalization.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

ALL GIRL SCOUTS REGISTERED IN THE USA ARE INSURED BY:

MUTUAL OF OMAHA INSURANCE CO., Girl Scout Division, Group Policy #SGS-2-8012 6-3632, Dodge at 33<sup>rd</sup> Street, Omaha, Nebraska 68175

Activity	Date	Place	Cost	Leave Time/Place	Return Time/Place	Bring	Wear
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

My daughter has my permission to participate in the Girl Scout activity numbered above. I shall make sure she does not attend if she is not feeling well. Photos of my daughter may be used to promote Girl Scouts.

Signature of parent or guardian:

1. \_\_\_\_\_ Date: \_\_\_\_\_ 5. \_\_\_\_\_ Date: \_\_\_\_\_  
 2. \_\_\_\_\_ Date: \_\_\_\_\_ 6. \_\_\_\_\_ Date: \_\_\_\_\_  
 3. \_\_\_\_\_ Date: \_\_\_\_\_ 7. \_\_\_\_\_ Date: \_\_\_\_\_  
 4. \_\_\_\_\_ Date: \_\_\_\_\_ 8. \_\_\_\_\_ Date: \_\_\_\_\_