



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

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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 33rd 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: _____