



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

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: _____