



GIRL SCOUT PERMISSION SLIP

Girl Scouts of San Jacinto Council

(THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY, USE BLACK INK.)

GIRL'S NAME _____ TROOP/GROUP # _____

Parent/Legal Guardian to keep this portion

Activity/Place: _____ Date(s): _____

Leaving from: _____ Time of departure: _____

Returning to: _____ Time of return: _____

Bring: _____ Fee: _____

Dress: _____

Adult in charge: _____ Phone: _____

Contact adult: _____ Phone: _____

Cut above and return this portion to leader/adult in charge by: _____ (Date)

Girl's Name: _____ Troop/Group # _____ Age: _____

Activity: _____ Date: _____

My daughter has my permission to attend the activity listed above. She will not attend if she is not feeling well. I give my permission to have her treated by a licensed physician if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child. My signature on this document also allows Girl Scouts to use photographs, voice, and/or video of my child for Public Relations purposes. My daughter may have opportunities in the future to attend activities other than the ones listed on this form. I acknowledge that if I give permission for her to participate in such activities in the future, it is under the same conditions that are set out in this form, including with respect to transportation. (Leader: Attach future parent permissions to this form.)

TRANSPORTATION RELEASE: I understand that troop/group leaders must obtain the written consent of parent/guardian for every girl wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled troop/group meeting. I accept responsibility for the transportation of my child to and from any Girl Scout activity and recognize that transportation to and from Girl Scout events is not the responsibility of Girl Scouts of San Jacinto Council. I recognize that the driver of any such carpool or bus service that I arrange is not acting as an agent of Girl Scouts of San Jacinto Council. It is my expressed intention to hold Girl Scouts of San Jacinto Council harmless for any and all injuries, death or damages arising from or in any way related to any such transportation.

I give my permission for my daughter to participate in Boating, Swimming, Horseback Riding, or other strenuous activities. If no exceptions, she may participate in all activities at this outing. **EXCEPTIONS:** _____

My daughter **may not** be released to: _____

If unable to reach me in case of an emergency or change in plans, please contact one of the following. I will make arrangements with these people prior to the event.

Name: _____ Day: _____ Evn: _____ Relationship: _____

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I have provided medication(s) for my child to take with the supervision of the Leader/First Aider. Yes: _____ No: _____ (attach a list if necessary)		
Medication:	Dosage:	Frequency:

Medication(s) she can have: _____

Medication(s) she **cannot** have: _____

Disease exposed to in last 30-days: _____

- _____ will self-administer
- Epi-pen Please specify dosage and frequency: _____
 - Bronchial inhaler Please specify dosage and frequency: _____
 - Diabetic medication Please specify dosage and frequency: _____

Signature of Parent/Legal Guardian _____ Phone # _____ Cell Phone _____ Date _____

Print Name of Parent/Legal Guardian _____

GIRL SCOUT INSURANCE CARRIER: MUTUAL OF OMAHA For confirmation, contact Girl Scouts of San Jacinto Council 713-292-0300 or 1-800-392-4340