

## 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 medical professional 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, unless specifically updated, 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 or on behalf 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 claims, 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:(\_\_\_\_) \_\_\_\_\_ Evt:(\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Day:(\_\_\_\_) \_\_\_\_\_ Evt:(\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

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:	How Often:

Medication(s) she can have: \_\_\_\_\_

Medication(s) she **cannot** have: \_\_\_\_\_

Disease exposed to in last 30-days: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Legal Guardian** 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