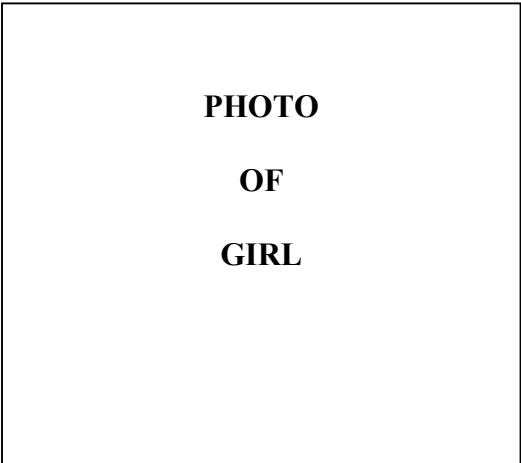


**Parent's Permission for Participation in Girl Scout Activity and  
Authorization to Consent to Emergency Medical Treatment for Girl Scout Minor**

Girl Scout: (full name) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Troop #: \_\_\_\_\_ Leader Name: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_  
 Phone where parent may be reached during activity: \_\_\_\_\_  
 Other Authorized Adult: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Special medical considerations regarding my daughter: \_\_\_\_\_



(Examples: allergies to medicines, foods, insect bites; diabetes; asthma, etc.)

My daughter has permission to participate in the designated Girl Scout activities. She is in good physical condition and has not had any serious illness or operation since her last health examination.

In the event of an emergency, I give my permission for necessary treatment for my daughter or ward by the physician on duty at a hospital or emergency room or by a doctor in private practice. I understand that all reasonable effort will be made to contact me as soon as possible by the Girl Scout adult in charge of my daughter or ward's troop/group or activity.

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

\_\_\_\_\_  
Date

ACTIVITY	DATE	PLACE	COST	LEAVE TIME/PLACE	RETURN TIME/PLACE	BRING	Tag Alongs Yes or No
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

My daughter has permission to participate in the above Girl Scout activities. I will make sure she does not attend if she is not feeling well. Parent or Guardian Signature \_\_\_\_\_

1.	Date:	6.	Date:
2.	Date:	7.	Date:
3.	Date:	8.	Date:
4.	Date:	9.	Date:
5.	Date:	10.	Date:

ALL GIRL SCOUTS REGISTERED IN THE USA ARE INSURED BY:

MUTUAL OF OMAHA INSURANCE COMPANY  
P O Box 3156

Special Coverages – Girl Scout Division  
Omaha, Nebraska 68131

GIRL SCOUT COUNCIL OF THE CATAWBA VALLEY AREA, INC.

TROOP MEETING RELEASE PERMISSION FORM

**Complete and return to troop leader.**

At the end of her Girl Scout troop meeting, my daughter:

\_\_\_\_\_ Will  
(Girl's Name)

Please check (Y) all that apply:

- \_\_\_\_\_ Be picked up by me
- \_\_\_\_\_ Walk home with a neighbor/friend \_\_\_\_\_  
(neighbor's name)
- \_\_\_\_\_ Walk home alone.
- \_\_\_\_\_ Ride the school bus # \_\_\_\_\_.
- \_\_\_\_\_ Car pool with \_\_\_\_\_  
(Adult's Name)

Emergency contact if parent is late:

Name	Phone

UNDER NO CIRCUMSTANCES is she to be released to:

Name	Relationship

I understand and appreciate that every exception to this release form will require a separate written note indicating the name of the person to whom my daughter may be released.

Parent/Guardian Signature	Date

Please note: Responsibility of the Girl Scout Troop Leader ends at the finish of the troop meeting at \_\_\_\_\_

Time

Day