



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

Girl Scouts Heart of Central California | 6601 Elvas Avenue Sacramento, CA 95819 | www.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 #161 - rev. 12/09 - LW:jw



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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: _____

#161 - rev. 7/10 - LW:js

Activity	Date	Place	Cost	Leave Time/Place	Return Time/Place	Bring	Wear
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