

## 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 I 6601 Elvas Avenue Sacramento, CA 95819 I www.girlscoutshcc.org

Girl's Name:		
Address:		I hereby authorize Girl Scouts Heart of
Phone: () Birthda		Central California, through the adult
Troop #: Leader's Name:		person(s) caring for my daughter, to order emergency X-rays, anesthetic,
Parent's Name:		medical or surgical diagnosis or
Phone where parent may be reached in case of emergency or delay: ()		• •
Other authorized adult:		reasonable effort will be made to contact me or the person noted above
Address:	Phone: ()	before taking this action. I understand
Physician's Name:	Phone: ()	that this permission is given in advance of need for any diagnosis,
nsurance Name and Policy #:		
Special medical considerations regarding my daug	ghter:	
(Examples: allergies to medicin	ne, food; diabetes, etc.)	
Parent or Guardian Signature		Date
•	SCOUTS REGISTERED IN THE USA AR ut Division, Group Policy #SGS-2-8012 6-3	E INSURED BY: 632, Dodge at 33 <sup>rd</sup> Street, Omaha, Nebraska 68175



## 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 I 6601 Elvas Avenue Sacramento, CA 95819 I www.girlscoutshcc.org

ı		
Girl's Name:		
	Birthdate:	Central California, through the adult
Troop #: Leader's Name: _		person(s) caring for my daughter, to order emergency X-rays, anesthetic,
Parent's Name:		medical or surgical diagnosis or treatment and hospital care as
Phone where parent may be reached in cas of emergency or delay: ()	deemed advisable by a licensed physician. It is understood that every	
Other authorized adult:		reasonable effort will be made to contact me or the person noted above
Address:	Phone: ()	before taking this action. I understand
Physician's Name:	Phone: ()	that this permission is given in ——— advance of need for any diagnosis,
Insurance Name and Policy #:	treatment, or hospitalization.	
Special medical considerations regarding m	y daughter:	
(Examples: allergies to medicine, food; diabetes, etc.)		
Parent or Guardian Signature		Date

Activity	Date	Place	Cost	Leave Time/Place	Return Time/Place	Bring	Wear
<u>.</u>							
2							
l.							
·.							
).							
).							
<u>.</u>							
<u>.                                    </u>							
	ermission to participate in	the Girl Scout activity	v numbered above	e. I shall make sure she does	s not attend if she is not	feeling well. Photo	os of my
	to promote Girl Scouts.	Title dill Scout activity	y mambered above	e. Tahan make sure she doe.	s not attend if she is not	ceing wen. Thou	os or my
ignature of parent or	guardian:						
		Date:		5		Date:	
		Date:		6		Date:	
		Date:		7		Date:	
				8		Date:	
161 - rev. 7/10 - LW:js	Date	Place	Cost	Leave Time/Place	Return Time/Place	Bring	Wear
161 - rev. 7/10 - LW:js			Cost			Bring	Wear
L61 - rev. 7/10 - LW:js			Cost			Bring	Wear
161 - rev. 7/10 - LW:js			Cost			Bring	Wear
161 - rev. 7/10 - LW:js			Cost			Bring	Wear
ctivity			Cost			Bring	Wear
ctivity			Cost			Bring	Wear
ctivity			Cost			Bring	Wear
ctivity			Cost			Bring	Wear
ctivity	Date	Place			Time/Place		
ctivity  3. In a daughter has my per aughter may be used	Date  Permission to participate ir to promote Girl Scouts.	Place		Time/Place	Time/Place		
ctivity  ctivity  dudy  dudy  fy daughter has my peraughter may be used ignature of parent or	Date  Permission to participate in to promote Girl Scouts.  guardian:	Place	y numbered above	e. I shall make sure she does	Time/Place	feeling well. Photo	os of my
161 - rev. 7/10 - LW:js  activity   3.  My daughter has my peraughter may be used signature of parent or signature of parent or signature.	Date  Permission to participate in to promote Girl Scouts.  guardian:	Place  The Girl Scout activity  Date:	y numbered above	e. I shall make sure she does	Time/Place	feeling well. Photo	os of my
Activity  L.  3.  4.  5.  6.  7.  8.  My daughter has my pelaughter may be used signature of parent or generating the control of the control	Date  Permission to participate in to promote Girl Scouts.  guardian:	Place  The Girl Scout activity  Date:  Date:	y numbered above	e. I shall make sure she does 5	s not attend if she is not	feeling well. Photo	os of my