

Troop Meeting Permission Form

Permission for Girl Scout(s) to participate at meeting location

| Girl Scout Name | |
|---|--|
| Caregiver's Name | |
| In case of emergency notify: | |
| Full Name | Full Name |
| Home | Home |
| Cell | Cell |
| Relationship | Relationship |
| troop #in regular meeting act | has my permission to be a Girl Scout for the 2020year and join tivities. I understand that for any activity which takes place at a different time and/or place CTIVITY PERMISSION FORM to fill out and return to the troop leader permitting my girl to |
| I □do □do not give my permission for my Scouting. | Girl Scout to be photographed or to have photos used for the purpose of promoting Girl |
| Persons permitted to pick up my Girl Scout | |
| 1 | Phone |
| 2. | Phone |
| 3 | Phone |
| 4 | Phone |
| supervision of the Girl Scouts of the Sierra become necessary to seek professional m medical and/or surgical treatment he/she contact me, or if not possible, one of the p | becomes ill or sustains an injury while in the care of or under the Nevada or any of its officers or leaders, I authorize first aid to be administered. If it should nedical treatment, I give permission for a licensed medical professional to administer any deems necessary, including hospitalization. I understand that every effort will be made to parties listed under Emergency Contact. I accept full financial responsibility for all expenses t Activity Insurance. |
| Caregiver Signature | Date |
| Phone (day) | (evening) |
| | erstand that in so choosing I release and relieve from all liability whatsoever Girl d leaders. In case of emergency, please follow this procedure: |
| Caregiver Signature | Date |