



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

Girl Scouts of the Sierra Nevada * 605 Washington St Reno, NV 89503 * www.gssn.org

Girl's Name: _____

Address: _____

Phone: (_____) _____ Birthdate: _____

Troop #: _____ Leader's Name: _____

Parent's Name: _____

Phone where parent may be reached in case of emergency 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 of the Sierra Nevada, 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



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Activity	Date	Place	Cost	Leave Time/Place	Return Time/Place	Bring	Wear
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

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.

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

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