

Girl Scouts - Lone Star Council
PARENT PERMISSION & INFORMATION SHEET



TROOP # _____ SERVICE UNIT _____ LEADER _____
DAY PHONE # () _____ EVENING PHONE # () _____ E-MAIL _____

TROOP EMERGENCY CONTACT _____ CELL # () _____
DAY PHONE # () _____ EVENING PHONE # () _____

FOR EMERGENCIES ONLY:

IN THE EVENT YOU ARE UNABLE TO REACH YOUR TROOP EMERGENCY CONTACT CALL GIRL SCOUTS – LONE STAR COUNCIL, 512- 453-7391 OR 1 800-733-0011. AFTER BUSINESS HOURS CALL 512-795-3888.

ACTIVITY _____ LOCATION _____
ACTIVITY DATE(S) ____/____/____ - ____/____/____ SIGNED PERMISSION DUE ON _____
WE WILL LEAVE FROM _____ AT _____ AM / PM
WE WILL RETURN TO _____ AT _____ AM / PM
COST: \$ _____ GIRLS SHOULD WEAR: UNIFORMS OR _____
GIRLS SHOULD BRING _____
EQUIPMENT NEEDED _____

(RETURN THIS PORTION TO TROOP LEADER BY _____)

Troop # _____ LEADER _____

My daughter, _____, has my permission to go to and participate in _____.
I understand the cost will be \$ _____.

Please initial, verifying you have read and understand, the following:

- _____ She is in good physical condition at present and has had no serious illness or operations since her last health examination. I will make sure that she does not attend if she is not feeling well.
- _____ I give my consent for emergency care to be rendered by another licensed doctor, if unable to reach family doctor.
- _____ I give permission for pictures to be taken and used for GSUSA and GS-LSC publications, website, electronic and digital media, publicity, advertising or the Council Calendar.
- _____ I give permission for my daughter to ride in a private auto.
- _____ I understand that volunteers and Girl Scouts – Lone Star Council are not responsible for loss of valuables.
- _____ I give my consent for the First Aider to dispense medication I have provided in its original container in the dosage I have listed.

IN CASE OF AN EMERGENCY PLEASE CONTACT:

NAME _____ PHONE () _____ CELL () _____

NAME _____ PHONE () _____ CELL () _____

PHYSICIAN'S NAME _____ PHONE # () _____

My insurance carrier _____ Policy # _____

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

PLEASE LIST YOUR DAUGHTERS' SPECIAL NEEDS, DIETARY RESTRICTIONS, ALLERGIES, MEDICAL CONDITIONS, AND MEDICATIONS (INCLUDE PRESCRIBED DOSAGE):

