

**Lone Star Girl Scout Council
West Round Rock Service Unit
Girl Scout Troop ____
Permission Form**

Leader: _____

Phone Number: _____

Emergency Contact: _____

Cell Phone: _____

For emergencies only: In the event you are unable to reach the troop emergency contact, call the Lone Star Girl Scout Council at (512) 453-7391 or (800) 733-0011.

My daughter _____ has my permission to go to and participate in Troop ____ activities during the months of _____, 20___. I understand that all costs are to be paid in advance, either directly to GSLSC using the deadlines listed in *Possibilities*, or to Troop ____, following the deadlines provided by the troop leader.

_____ is in good physical condition at present and has no serious illness or operations since her last health examination. I will make sure 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 our family doctor listed below. I give permission for pictures to be taken and used for Girl Scout publications. If a private automobile is used, she has my permission to ride. I understand that volunteers and Lone Star Girl Scout Council cannot be responsible for loss of valuables, so my daughter has left all valuables at home.

_____ realizes that she is representing Girl Scouts and the GS Lone Star Council. She will follow the Girl Scout Law and Promise, and wear her Girl Scout Uniform properly as required.

My daughter agrees to stay with the troop during the entire time we are on a trip. She will be responsible for taking care of her own belongings at all times, and keeping them neat and orderly. _____ will remember that she is a part of a group, and will respect the rights of the other girls and leaders. She will be sensitive to the needs of others by performing her assigned duties, including, but not limited to, kapers, clean-up, program planning, etc. She will be sensitive to the feelings of others by trying to live up to the Girl Scout ideals of being friendly, considerate and a sister to every Girl Scout.

IN CASE OF EMERGENCY PLEASE CONTACT:

Mom: _____

Dad: _____

Alternate: _____

Physician: _____

Insurance Carrier: _____ Policy Number: _____

PARENT or GUARDIAN SIGNATURE: _____

DATE: _____

CADETTE SIGNATURE: _____

DATE: _____

Please list any special needs, medication or comments below: