

GIRL SCOUT PERMISSION SLIP (Use ink or ballpoint pen)

Girl's Name _____ Troop/Group # _____ Age _____

I understand that Troop/Group leaders must obtain the written consent of Parent/Guardian for every girl wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled Troop/Group meeting. I accept responsibility for the transportation of my child to and from any Girl Scout activity and recognize that transportation to and from Girl Scout events is not the responsibility of Girl Scouts of San Jacinto Council. I recognize that the driver of any such carpool or bus service that I arrange is not acting as an agent of Girl Scouts of San Jacinto Council. It is my expressed intention to hold Girl Scouts of San Jacinto Council harmless for any and all injuries, death or damages from the results of any such transportation.

I give permission for my daughter to participate in Boating, Swimming, Horseback Riding, or other strenuous activities. If no exceptions, she may participate in all activities at this outing. **ANY EXCEPTIONS** _____

My daughter has my permission to attend the activities listed below. She will not attend if she is not feeling well. I give my permission to have her treated by a licensed physician if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child.

Medical treatment includes transportation for my child by emergency vehicle to an appropriate health care facility and pre-hospital medical care, all hospital and physician services, whether medical, surgical and/or dental, necessary for the benefit/safety/well-being of my child. **ANY EXCEPTIONS** _____

Activity/Location _____ Date _____

If unable to reach me in case of an emergency or change in plans, please contact one of the following. I will make arrangements with these people prior to the event.

Name _____ Home () _____ Work () _____ Relationship _____

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I have provided medication for my child to take with the supervision of the Leader/First Aider. Yes _____ No _____

Name of medication(s)/dosage/how often given _____

_____ Home () _____ Work () _____

Signature of Parent/Guardian (Signature may not be photocopied)

Please provide a photocopy of your health insurance card.

GIRL SCOUT CARRIER: MUTUAL OF OMAHA

**For confirmation, contact Girl Scouts of San Jacinto Council
713-292-0370 or 800-392-4340**

Bring _____ Fee _____

Adult in Charge _____ Phone () _____

Address _____ City _____ State _____ Zip Code _____

Local Contact _____ Phone () _____

ACTIVITY	DATE(S)	PLACE		
LEAVING FROM	RETURNING TO	TIME DEPART	TIME ARRIVE	