



# Parent/Guardian Information Blanket Permission Form

## Permission for Girl Scout Activities

Girl Scout name \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

### In case of emergency notify:

Full Name \_\_\_\_\_ Full Name \_\_\_\_\_

Home \_\_\_\_\_ Home \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

(Girl's name) \_\_\_\_\_ has my permission to be a Girl Scout for the 20\_\_\_\_-20\_\_\_\_ year and join troop # \_\_\_\_\_ in regular meeting activities. I understand that for any activity which takes place at a different time and/or place than a regular meeting, I will receive a SPECIAL ACTIVITY PERMISSION FORM to fill out and return to the troop leader permitting my girl to participate.

I  do  do not give my permission for my daughter to be photographed or to have photos used for the purpose of promoting Girl Scouting.

### Persons permitted to pick up my Girl Scout from activities:

- 1. \_\_\_\_\_ Phone \_\_\_\_\_
- 2. \_\_\_\_\_ Phone \_\_\_\_\_
- 3. \_\_\_\_\_ Phone \_\_\_\_\_
- 4. \_\_\_\_\_ Phone \_\_\_\_\_

## Permission for Emergency Treatment

In the event (girl's name) \_\_\_\_\_ becomes ill or sustains an injury while in the care of or under the supervision of the Girl Scouts of Southern Nevada or any of its officers or leaders, I authorize first aid to be administered. If it should become necessary to seek professional medical treatment, I give permission for a licensed medical professional to administer any medical and/or surgical treatment he/she deems necessary, including hospitalization. I understand that every effort will be made to contact me, or if not possible, one of the parties listed under **Emergency Contact**. I accept full financial responsibility for all expenses incurred that are not covered by Girl Scout Activity Insurance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

I do not desire this authorization and understand that in so choosing I release and relieve from all liability whatsoever Girl Scouts of Southern Nevada, its officers and leaders. In case of emergency, please follow this procedure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_