

Troop Meeting Permission Form

Permission for Girl Scout(s) to participate at meeting location

This form obtains parent or guardian permission for all meetings and activities for the Girl Scout year. Troop leaders agree to inform parents/caregivers in print or electronically, when a particular activity involves a sensitive issue, an overnight or a field trip away from the normal meeting site or sites. With the use of this form, girls will be able to attend troop meetings for the Girl Scout year. Please make sure that if there are changes in your girl(s) health history form, to submit a new one to the Troop leaders. An electronic or paper version of this form should be retained by the Troop leader for three years for record keeping purposes.

Please update your girl(s) health history form if anything has changed. If you have special instructions or comments, please use the reverse side.

GirlScout Name _____ Caregiver'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 25-26 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 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 Girl Scout 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 Scout'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.

Caregiver 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:

Caregiver Signature _____ Date _____