



Troop Meeting Permission Form

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

Girl Scout 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 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 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 _____