



2018-2019

Troop Meeting Permission Form
Permission for Girl Scout 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 \_\_\_\_\_