Girl Scouts of Greater South Texas
PARENT PERMISSION & INFORMATION SHEET

girl scouts of greater south texas

TROOP #_____SERVICE UNIT_____LEADER_____
DAY PHONE #_____EVENING PHONE #_____E-MAIL_____
TROOP EMERGENCY CONTACT _____ CELL# _____
DAY PHONE #_____ EVENING PHONE # _____
FOR EMERGENCIES ONLY:
IN THE EVENT YOU ARE UNABLE TO REACH YOUR TROOP EMERGENCY CONTACT CALL YOUR GSGST COUNCIL, at 1-800-477-2688. FOR EMERGENCIES ONLY CALL 956-495-6142.

ACTIVITY_____ LOCATION_____
ACTIVITY DATE(S)_____/_____/_____ - _____/_____/_____ SIGNED PERMISSION DUE ON_____
WE WILL LEAVE FROM _____AT_____AM / PM
WE WILL RETURN TO _____AT_____AM / PM
COST:$_____GIRLS SHOULD WEAR: UNIFORMS OR _____
GIRLS SHOULD BRING _____
EQUIPMENT NEEDED _____
_____

(RETURN THIS PORTION TO TROOP LEADER BY_____)

TROOP # _____ LEADER _____

My daughter, _____has my permission to go and participate in _____. I understand the cost will be $_____.

Please initial, verifying you have read and understand the following:

_____She is in good physical condition at present and has no serious illness or operations since her last health examination. I will make sure that she does not attend if she is not feeling well.
____I give my consent for emergency care to be rendered by another licensed doctor, if unable to reach family doctor.
____I give permission for pictures to be taken and used for GSUSA and GSGST publications, website, electronic and digital media, publicity, advertising or the Council Calendar.
____I give permission for my daughter to ride in a private auto.
____I understand that volunteers and Girl Scouts of Greater South Texas are not responsible for loss of valuables.
____I give my consent for the First Aider to dispense medication I have provided in its original container in the dosage I have listed.

IN CASE OF AN EMERGENCY PLEASE CONTACT:

NAME_____PHONE _____CELL _____
NAME_____PHONE _____CELL _____

PHYSICIAN'S NAME _____PHONE#_____

My insurance carrier_____ Policy#_____

PARENT OF GUARDIAN SIGNATURE_____DATE: _____

PLEASE LIST YOUR DAUGHTERS' SPECIAL NEEDS, DIETARY RESTRICTIONS, ALLERGIES, MEDICAL CONDITIONS, AND MEDICATIONS (INCLUDE PRESCRIBED DOSAGE):

_____
_____
_____
_____
_____