

Girl Scouts of Greater South Texas PARENT PERMISSION & INFORMATION SHEET



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 GREATER SOUTH TEX. COUNCIL, 956-425-2388 OR 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):

