



Troop # _____

Leader's Name _____

Return by _____

Parent Permission for Participation in Girl Scout Activity and Authorization to Consent to Emergency Medical Treatment for Girl Scout Minor

Girl's name _____ Birthdate _____

Address:
Street _____ City _____ Zip _____

Parent's name _____ Phone _____

Address (if different than child):
Street _____ City _____ Zip _____

Phone where parent may be reached in case of emergency or delay _____

Other authorized adult _____ Relationship _____

Address (if different than child):
Street _____ City _____ Zip _____

Physician's name _____ Phone _____

Insurance name _____ Policy Number _____

Special medical considerations regarding my daughter (Examples: allergies to medicine, food, diabetes, etc.)

AUTHORIZATION FOR PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

The leader or designated first aid person can give no medication to any girl without the signed permission of the parent or guardian. All medication, prescription and/or over the counter, must be in the original store-issued container. Prescription medication must have the pharmacy label that includes all pertinent information. Over the counter medications will only be given according to the dosage instruction printed on the container. The adult in charge will administer all medications. Girl Scout Seniors and Ambassadors may, at the leader's discretion, maintain their own medications, however, the adult in charge will monitor administration of the medication.

Name of Medication	Dosage	Times to be given

Parent/Guardian signature _____ Date _____

Please fill out information on reverse side ----->

Activity	Date	Place	Cost	Leave Time/Place	Return Time/Place	Bring	Wear
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

My daughter has my permission to participate in the Girl Scout activity listed below. I shall make sure that she does not attend if she is not feeling well.

- | | | | |
|----------|-------------|-----------|-------------|
| 1. _____ | Date: _____ | 6. _____ | Date: _____ |
| 2. _____ | Date: _____ | 7. _____ | Date: _____ |
| 3. _____ | Date: _____ | 8. _____ | Date: _____ |
| 4. _____ | Date: _____ | 9. _____ | Date: _____ |
| 5. _____ | Date: _____ | 10. _____ | Date: _____ |



COUNCIL HEADQUARTERS

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