

## **Parent/Guardian Permission Form**

## Troop Leader – Keep this form with your troop records

**Parent/guardian permission for**: medical treatment, transportation, publicity, troop meetings and troop money-earning activities.

- I give my permission for my Girl Scout to participate in regular Girl Scout activities, including troop meetings, troop money-earning activities, etc., and for her picture to be included in videotapes, broadcast media, print media and/or her name and picture to be used in Girl Scout publicity and materials.
- I hereby authorize troop adults to give necessary first aid to my Girl Scout. I also authorize the person in charge to obtain and consent on my behalf to whatever medical diagnosis or treatment is deemed necessary or advisable by such person for the well being of my Girl Scout.
- Troop adults have my permission to transport my Girl Scout on a troop trip or in case of an emergency.

## \*Please note: A girl health history record must be attached to this form.

Girl Scout Name (Please print)		
Parent/Guardian Signature		
Address		
City	State	Zip
My Girl Scout is under the custodial care of:		
both parents mother/guardian only father/guardian only		ardian only Dother (specify)
Emergency Contact Information		
First Name	Middle	Last Name
( )	( )	
Daytime Phone Number	Evening Phone Number	Date
As a Girl Scout parent/guardian, please indicate how you might like to help by checking one or more boxes below.		
<ul> <li>Be an assistant troop/group leader</li> <li>Serve as a troop committee member</li> </ul>		Talk about my career
Be a troop/group cookie sales mgr Help at troop/group meetings	<ul> <li>Drive for outing</li> <li>Make telephone calls</li> <li>De record keeping</li> </ul>	Other:
Be a camp trained person	Do record keeping	