



**Girl Scouts of Central Texas**  
**PARENT PERMISSION FORM**

Service Unit \_\_\_\_\_  
Program Year \_\_\_\_\_ to \_\_\_\_\_  
Troop # \_\_\_\_\_ PAL \_\_\_\_\_

LEADER'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

DAY PHONE # ( ) \_\_\_\_\_ EVENING PHONE # ( ) \_\_\_\_\_

TROOP EMERGENCY CONTACT \_\_\_\_\_ CELL # ( ) \_\_\_\_\_

DAY PHONE # ( ) \_\_\_\_\_ EVENING PHONE # ( ) \_\_\_\_\_

**FOR EMERGENCIES ONLY:**

IN THE EVENT YOU ARE UNABLE TO REACH YOUR TROOP EMERGENCY CONTACT CALL GIRL SCOUTS OF CENTRAL TEXAS, 512- 453-7391 OR 1 800-733-0011. AFTER BUSINESS HOURS EMERGENCY, CALL 512-795-3888.

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 \_\_\_\_\_

**All adults attending our activity/event are registered Girl Scouts and have a Volunteer Application on file with our council. Each driver has a valid drivers' license, insurance and vehicle registration, as required by the state of Texas.**

\_\_\_\_\_  
(Leaders signature)

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(RETURN THIS PORTION TO TROOP LEADER BY \_\_\_\_\_)

Troop #: \_\_\_\_\_ Service Unit: \_\_\_\_\_

My daughter, \_\_\_\_\_, has my permission to go to and participate in the \_\_\_\_\_. I understand the cost will be \$ \_\_\_\_\_.

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ OR \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ OR \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ OR \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

My insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

She is in good physical condition at present and has had 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 Girl Scout publications, publicity, advertising or the council calendar. If a private auto is to be used, she has my permission to ride. I understand that volunteers and Girl Scouts of Central Texas cannot be responsible for loss of valuables.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE LIST SPECIAL NEEDS, MEDICATIONS AND COMMENTS BELOW.**