



Girl Scouts of Central Texas
PARENT PERMISSION FORM

Service Unit _____
Program Year _____ to _____
Troop # _____ PAL **Daisy**

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)

(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.