

Girl Scouts - Lone Star Council
PARENT PERMISSION & INFORMATION SHEET



TROOP # _____

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 – LONE STAR COUNCIL, 512- 453-7391 OR 1 800-733-0011. AFTER BUSINESS HOURS 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: _____

(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 \$ _____ .

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 - Lone Star Council cannot be responsible for loss of valuables.

IN CASE OF AN EMERGENCY PLEASE CONTACT:

NAME _____ PHONE _____ OR _____

NAME _____ PHONE _____ OR _____

NAME _____ PHONE _____ OR _____

PHYSICIAN'S NAME _____ PHONE # () _____

My insurance carrier: _____ Policy # _____

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

PLEASE LIST SPECIAL NEEDS, MEDICATIONS AND COMMENTS BELOW.