



Girl Scouts of Eastern South Carolina
Girl Permission Slip

This form must be used for any activity, which does not take place at the regular troop/group meeting time and/or involves transportation.

My daughter \_\_\_\_\_ has my permission to participate in \_\_\_\_\_ on (date) \_\_\_\_\_. She is in good physical condition, has no recent exposure to a contagious disease and has not had any serious illness or operation since her last health examination. She has my permission to participate in the total activity (except as noted): Any prescribed medication/instructions to be administered during this event \_\_\_\_\_ Any allergies \_\_\_\_\_

During this activity I can be reached at: Location \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person(s) are authorized to act on my behalf: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

RELIGIOUS PREFERENCE FOR NON-MEDICAL CARE

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ would prefer that no medical care be given to my child in an emergency. In case of illness or injury, please contact:

Religious/Spiritual Leaders Name: \_\_\_\_\_

Signature of Religious/Spiritual Leader \_\_\_\_\_ Date \_\_\_\_\_

PHOTO/AUDIO/VIDEO RELEASE FORM

I being parent/guardian of \_\_\_\_\_ hereby consent that photographs and other media in which she appears may be used by Girl Scouts of the USA, its assigns or successors, in whatever way they may desire, including audio/visual projections and television; furthermore, I hereby consent that such photographs and the plates from which they are made shall be their property, and they shall all have the right to sell, duplicate, reproduce, and make other uses of such photographs and plates as they may desire, free and clear of any claims whatsoever on my part. Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

INFORMATION FOR PARENTS (PLEASE KEEP FOR YOUR RECORDS)

Girl's Name \_\_\_\_\_ Service Unit \_\_\_\_\_ Troop \_\_\_\_\_

ATTENTION PARENTS: This form does not absolve the parent/guardian of the responsibilities of being available as stated. As parent/guardian, the leader will expect to be able to reach you at the location specified on this form.

Event and Location \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Time and Place of departure \_\_\_\_\_

Time and Place of return \_\_\_\_\_

Trip Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

First Aider \_\_\_\_\_ Chaperone \_\_\_\_\_

Chaperone \_\_\_\_\_ Chaperone \_\_\_\_\_

Each Girl will need (include any expense) \_\_\_\_\_

Dress for the weather: Equipment and clothing \_\_\_\_\_

In case of emergency/changes, the leader will notify \_\_\_\_\_ Phone \_\_\_\_\_

Who will then notify parents? \_\_\_\_\_

Co-Leader Signature \_\_\_\_\_ Phone \_\_\_\_\_

Co-Leader Signature \_\_\_\_\_ Phone \_\_\_\_\_