

Please read **SECTION A** carefully, then complete **SECTION B** and return it to the troop/group leader.

Section A	to be completed by leaders and by parent/guardian	<i>LEADER: This form should be used with a medical history form.</i>
Troop/Group: _____ Adult in charge: _____		
Event or Activity: _____		
Location: _____		
Departure Date: _____ Place: _____ Time: _____		
Return Date: _____ Place: _____ Time: _____		
Cost per girl: \$ _____ Each girl is to bring: _____		
In case of an emergency, you can reach the troop/group by calling: (_____) _____		
Comments: _____		



Section B	to be completed by parent/guardian and <u>returned to leaders</u>
I permit _____ to take part in _____ from _____ to _____ <i>girl's name event/activity name depart date return date</i>	
As the parent or legal guardian of the above child, I give permission for:	
<ol style="list-style-type: none"> 1. The above named child to be transported by a volunteer driver. 2. The troop first aide person to give over -the- counter medications for minor medical discomforts. 3. The adult in charge to arrange for emergency medical attention if I cannot be reached. 4. The above named child to be photographed and/or video taped during the event, and for the images and/or recordings to be published, reproduced, or distributed by Girl Scouts and its affiliates in all outlets, including, but not limited to, television, newspapers, internet, council publications, recruitment materials, and ads without liability or limitation on my or my minor's part. 	
The above named child is in good health and able to participate: Yes _____ No _____	
Her restrictions on strenuous activities are: _____	
She has the following allergies: _____	
She is taking the following prescribed medication: _____	
In case of emergency, I will be in _____ at (_____) _____ or (_____) _____ <i>city phone # phone #</i>	
Name of parent or guardian: (Please print clearly) _____	
Signature: _____	