



GIRL SCOUT PERMISSION FORM

Girl Scouts of Louisiana – Pines to the Gulf
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Parent or Guardian to keep this portion

GIRL'S NAME _____	TROOP/GROUP # _____
Activity/Place: _____	Date(s): _____
Mode of Transportation _____	Emergency Phone #: _____
Leaving from: _____	Time of departure: _____
Returning to: _____	Time of return: _____
Bring: _____	Fee: _____

Dress: _____

Adult in charge: _____ Phone: (h) _____ (w) _____ (cell) _____

Contact adult: _____ Phone: (h) _____ (w) _____ (cell) _____



Girl's Name: _____ Troop/Group #: _____ Age: _____

Activity: _____ Date: _____

My daughter has my permission to attend the activity listed above. She will not attend if she is not feeling well. I give my permission to have her treated by a licensed physician if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child.

Medical treatment includes transportation for my child by emergency vehicle to an appropriate health care facility and pre-hospital medical care, all hospital and physician services, whether medical, surgical and/or dental, necessary for the benefit, safety, and well-being of my child.

ANY EXCEPTIONS: _____

I also consent to the use of photograph, video and audio of my daughter for advertising, promotion, and publicity purposes by Girl Scouts of the USA, its licensees or members of the organization. I also waive all claims to any compensation for such or damages.

I give my permission for my daughter to participate in boating, swimming, or other strenuous activities. If no exceptions, she may participate in all activities at this outing.

EXCEPTIONS: _____

Who is allowed to pick up this child? _____

Is anyone barred from picking up this child? _____ WHO? _____

If unable to reach me in case of an emergency or change in plans, please contact one of the following. I will make arrangements with these people prior to the event.

Name: _____ Phone: (h) _____ (w) _____ (cell) _____ Relationship: _____

Name: _____ Phone: (h) _____ (w) _____ (cell) _____ Relationship: _____

I have provided medication for my child to take with the supervision of the Leader or First Aider. Yes: _____ No: _____

Medication: _____	Dosage: _____	How Often: _____
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Signature of Parent or Guardian (signature may not be photocopied) Phone # Cell # Pager #, if available Date