

Permission Slip
GIRL SCOUT COUNCIL OF ORANGE COUNTY
FOR PARENTS

1620 Adams Avenue, Costa Mesa, CA 92626

(714) 979-7900; para español (714) 979-3339

Troop Number _____ is planning _____ Date _____

Located at _____

Troop will meet: Place _____ Time _____

Troop will return to _____ Time _____

Mode of Transportation _____ She needs to bring _____

Cost of event \$ _____ Equipment/Clothing needed _____

In case of emergency or delay, call: Name _____

Address _____ Phone _____

Leader's signature _____ Phone _____

A copy of these plans are on file with _____ Phone _____
(Council Representative)

IMPORTANT: Parents retain this portion until outing is completed.

GIRL SCOUT COUNCIL
OF ORANGE COUNTY

FOR LEADERS

Troop Number _____

PARENT'S PERMISSION AND EMERGENCY MEDICAL FORM

I (we), the undersigned parent, parents or legal guardian of _____, a minor, do hereby request that she be permitted to attend (event) _____ on (date) _____

and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Girl Scout Council of Orange County, its officers or leaders for medical aid rendered at a hospital or first aid rendered at the event and will reimburse the Girl Scout Council of Orange County for medical or other expenses incurred in the care of my daughter.

This authorization is given pursuant to Section 6910 of the Civil Code of California and remains effective only for the event and date listed above.

Physician OR Christian Science Practitioner _____ Phone: _____
Name

Is she taking medication? No _____ Yes _____ Specify _____ Dosage _____
Name of Medication

Medication must be accompanied by written instructions from the parent or physician and in their original containers. Is the information on your daughter's health history form still current? Yes _____ No _____ If there are any changes please list _____

_____ Allergic to: _____

Restricted activities and/or food for this event are: _____

I will permit photographs of my daughter taken at this event to be used for publicity by authorization of the designated members of the Council.

Parent/Guardian's Signature _____ Phone _____ Date _____

Local emergency contact:

Name _____ Relationship _____ Phone _____

BE SURE YOU HAVE DETACHED THE UPPER PORTION. IT IS FOR YOUR INFORMATION

Spanish on Reverse