girl scouts of southern arizona

Parent/Guardian Permission for Troop Activities – Multiple Use

A parent/guardian's signed permission is required for any troop activity away from the meeting place. Be sure to record the activity information and return this form to the leader.

Girl's Information

girl's name		troop/group #
leader's name	leader's phone	leader's cell
parent/guardian's name	phone	cell

- I have given my consent for my daughter to be a member of the Girl Scouts of the USA.
- In the event of illness or injury to my daughter while under the supervision of the Girl Scouts of Southern Arizona, I authorize the Council's leadership to obtain and/or provide medical treatment and services deemed necessary and appropriate under the circumstances. In connection with my authorization, I understand that the insurer of Girl Scouts of Southern Arizona provides secondary coverage to the family's insurance coverage.
- I consent that my daughter's name, image, and likeness, as shown in the videotapes, photographs, motion picture film and/or electronic images for which she posed, and/or audio recordings made of her voice may be used by Girl Scouts of the USA, its assigns or successors, in whatever way they desire, including television; they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, electronic imges, plates, tapes and software as they may desire free and clear of any claim whatsoever on m part.

parent/guardian signature	date

Activities

	destination	adult in charge	parent signature
date	departure time/place	return time/place	parent phone
	destination	adult in charge	parent signature
date	departure time/place	return time/place	parent phone
	destination	adult in charge	parent signature
date	departure time/place	return time/place	parent phone
	destination	adult in charge	parent signature
date	departure time/place	return time/place	parent phone
	destination	adult in charge	parent signature
date	departure time/place	return time/place	parent phone
	destination	adult in charge	parent signature
date	departure time/place	return time/place	parent phone
	destination	adult in charge	parent signature
date	departure time/place	return time/place	parent phone
	destination	adult in charge	parent signature
date	departure time/place	return time/place	parent phone

4300 East Broadway Boulevard., Tucson, AZ 85711 | 520.327.2288 | 800.331.6782 | fax 520.795.3318 | GirlScoutsSoAz.org

ParentPermissionforTroopActivities.January 2013

Health History

girl name	date of birth	age	address		
parent/guardian name	phone		city	st	zip
physician's name	phone		date of last doctor's visit		
insurance carrier			policy number	group number	

Is your daughter currently under a physician'scare for a medical problem?
If yes, explain:

List any allergies your daughter may have (i.e. pollen, insect stings, etc.)

List all medications your daughter is currently taking:

List any other health conditions (i.e. nosebleed, emotional disturbances, menstrual cramps, motion sickness, etc.)

Immunizations

Immunization	Year primary series completed	Year of last booster	Immunization		Year primary series completed	Year of last booster
DTP (Diptheria, Tetnus, Whooping Cough			Tuberculin Test.	type	year of last result	
Measles			Oral Polio			
Mumps			Rubella			
Hepatitis			Other:			

Parent Permission

A written statement from your daughter's physician granting her permission to participate in strenuous activity such as water sports, horseback riding, skiing, non-contact sports such as track, tennis or gymnastics, is required if your daughter has not had a health examination in the previous two years.

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities except as noted by the physician.

parent/guardian signature	date

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