



PARENT/GUARDIAN PERMISSION FORM FOR SINGLE EVENT

[Leader to Complete Top Portion]

Leader Name _____ Home # _____ Cell # _____
 Troop Number _____ is planning _____ Date _____
 Located at _____
 Troop will Meet: Place _____ Time _____
 Troop will Return: Place _____ Time _____
 Mode of Transportation _____
 Need to Bring/Wear _____
 Cost of Event \$ _____ Leader Signature _____ Date: _____
In Case of Emergency, Contact: Name _____
 Address _____ Home # _____ Cell # _____
 A copy of these plans are on file with _____ Phone # _____

(Council or Service Unit Representative)

IMPORTANT: Parents retain this portion until outing is completed.
[Parent to Complete Bottom Portion and Return to Leader]

Troop Number _____

PARENT'S/GUARDIANS'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 _____ (the "Event") on (date) _____. In consideration of my daughter being permitted to attend the Event, I (we) hereby release, waive, discharge and covenant not to sue the Girl Scout Council of Orange County, its directors, officers, employees, volunteers and agents (collectively the "Council") from any and all liability to myself or my daughter for any loss or damage, including property damage, personal injury, or death, whether caused by the negligence of the Council or otherwise, resulting from or related to my daughter's participation in the Event, 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 Medical Practice Act of the jurisdiction within which the Event is being held or a dentist licensed under the provisions of the Dental Practice Act of the jurisdiction within which the Event is being held 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 or licensed by the state within which the Event is being held. 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 Family Code of California and remains effective only for the event and date listed above.

Name of Physician or Christian Science Practitioner _____ Phone _____

Is she taking medication? NO ___ YES ___ Specify _____ Dosage _____

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? No ___ Yes ___ Please List Changes _____

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 Other than Parent/Guardian

Name _____ Relationship _____ Phone _____

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