

Girl Scout Activity Permission Slip

Permission Slip/Consent to Treat/Known Medical Conditions

Parent/Guardian Name: (please Print) _____

My Child _____
has my permission to participate in and be photographed or video taped in a Girl Scout Event/Activity.

My Child is in good physical condition and has not had any serious illness or operations since her last health examination.

My child is current with her immunizations. Yes _____ No _____
Please list known allergies or medication(s) being taken, or medical conditions we need to be aware of (for example diabetes, asthma) write **NONE** if none.

In the event of an emergency I authorize the Girl Scouts of Alaska Council to seek medical treatment.

Signature of
Parent/Guardian: _____ Date: _____

During the event, I may be reached by calling

Home: _____ Work: _____ Cel: _____

If I cannot be reach, you may use the following as an emergency contact(s). The following individuals have permission to pick-up my Child.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____