



**Girl Scouts of Orange County**

9500 Toledo Way, Suite 100, Irvine, CA 92618 ♦ 949.461.8800 ♦ 800.979.9444 ♦ [www.GirlScoutsOC.org](http://www.GirlScoutsOC.org)

*Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.*

**PARENT/GUARDIAN PERMISSION FORM**

[ 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**