



PERMISSION FORM

Girl Scouts of Nassau County, Inc.
110 Ring Road West
Garden City, NY 11530-3296
(T) 516-741-2550 (F) 516-741-2207
www.gsnc.org

Instructions to Parent/Guardian:

1. Retain top portion of this form for your information.
2. Complete lower portion, sign and return to Leader by _____ (date).
3. If permission is for a high risk activity or a trip over 2 nights/3 days, a health examination by a licensed physician is required.
4. Medication may not be administered without providing the medication and written permission.

PARENT/GUARDIAN COPY

Troop # _____ is planning (type of activity) _____

Date _____ Time _____

Location (place) (address/town) _____

Time and place of: Departure _____ Return _____

Means of Transportation (If other than private car, fill in name of bus company, airline, etc.) _____

The Girl Scout will need to bring: _____

Cost of activity: Total Cost Per Person \$ _____
 Troop Treasury will pay \$ _____
 Girl Scout will pay \$ _____ due to leader by _____

In case of emergency, the following person will know how to reach us:

Name _____ Telephone _____

Adult in charge of the activity: _____

RETURN THIS PART TO TROOP LEADER

I give permission for (Girl's Name) _____
to participate in (activity) _____ (date) _____

I shall allow her to attend only if she is in good physical condition at the time of her departure. I shall be responsible for meeting her on time at the place of return.

Please see that my child receives the medication(s) _____
In the following dosage _____ frequency _____
For (condition(s)) _____

*In case of illness or injury, the adult in charge will make every effort to contact me, or the emergency adult listed below. **If I cannot be reached,** you have my permission to take my child to a doctor or hospital by whatever means of transportation is available. I hereby authorize the doctor or hospital to administer whatever emergency medical treatment is, in the opinion of the doctor, needed.*

Please *print* name and telephone number:

Parent/Guardian _____ Telephone _____
 Emergency Adult _____ Telephone _____
 Child's Physician _____ Telephone _____
 Parent/Guardian Signature _____ Date _____

PHOTO RELEASE:

When participating in Girl Scout activities participants may be interviewed, photographed, videotaped, or electronically imaged for the purpose of promotional materials, news releases, or other published formats for either the local Girl Scout Councils or Girl Scouts of the USA. The images will be the sole property of the GSNC or Girl Scouts of the USA. I hereby release and hold harmless GSNC and Girl Scouts of the USA from any claim arising from the use of these images.

- I DO give permission for the registrant to be photographed, videotaped or otherwise electronically imaged.
 I DO NOT give permission for the registrant to be photographed, videotaped or otherwise electronically imaged.