



**Girl Scouts of Nassau County  
General Media Release Form  
2003-2004**

Girl Scouts of Nassau County, Inc.  
110 Ring Road West  
Garden City, New York 11530-3296  
Telephone (516) 741-2550  
Fax (516) 741-2207  
[www.gsnc.org](http://www.gsnc.org)

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ PROGRAM LEVEL: \_\_\_\_\_

TROOP #: \_\_\_\_\_ ASSOCIATION: \_\_\_\_\_ GRADE: \_\_\_\_\_

I give permission for (Girl's Name) \_\_\_\_\_ to participate in \_\_\_\_\_.  
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.

**MARKETING AND COMMUNICATIONS:** Occasionally, photographs and videos, tape recorded interviews of/with the girls regarding Girl Scout Activities are used for marketing and communications purposes. I give my permission to Girl Scouts of Nassau County, Inc. to use photos/videos/recordings of my Girl Scout during Girl Scout activities for any form of Girl Scout publicity.

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.

**Parent/Guardian Information**

Parent/Guardian: \_\_\_\_\_ Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Local Emergency Adult: \_\_\_\_\_ Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I can be available for events scheduled as follows: (Please Check All That Apply & List Specific Times)*

Before School (Early Morning) \_\_\_\_\_  During Lunch Hour \_\_\_\_\_

After School \_\_\_\_\_  Evenings \_\_\_\_\_

Weekends \_\_\_\_\_