



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.