

Troop Leader – Keep this form with your troop records

Parent/guardian permission for: medical treatment, transportation, publicity, troop meetings and troop money-earning activities.

- I give my permission for my Girl Scout to participate in regular Girl Scout activities, including troop meetings, troop money-earning activities, etc., and for her picture to be included in videotapes, broadcast media, print media and/or her name and picture to be used in Girl Scout publicity and materials.
- I hereby authorize troop adults to give necessary first aid to my Girl Scout. I also authorize the person in charge to obtain and consent on my behalf to whatever medical diagnosis or treatment is deemed necessary or advisable by such person for the well being of my Girl Scout.
- Troop adults have my permission to transport my Girl Scout on a troop trip or in case of an emergency.

***Please note: A girl health history record must be attached to this form.**

General Information

Girl Scout Name (Please print)

Parent/Guardian Signature

Address

City

State

Zip

My Girl Scout is under the custodial care of:

☐ both parents ☐ mother/guardian only ☐ father/guardian only ☐ other (specify)

Emergency Contact Information

First Name

Middle

Last Name

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Daytime Phone Number

Evening Phone Number

Date

As a Girl Scout parent/guardian, please indicate how you might like to help by checking one or more boxes below.

- ☐ Be an assistant troop/group leader
- ☐ Serve as a troop committee member
- ☐ Be a troop/group cookie sales mgr
- ☐ Help at troop/group meetings
- ☐ Be a camp trained person

- ☐ Be an emergency contact person
- ☐ Teach a skill or craft
- ☐ Drive for outing
- ☐ Make telephone calls
- ☐ Do record keeping

- ☐ Provide child care for leader
- ☐ Talk about my career
- ☐ Other: