

**GIRL SCOUTS OF MICHIGAN SHORE TO SHORE COUNCIL
PARENT PERMISSION FORM**

Our troop _____ will be attending the following event/activity: _____
Troop/Group #

Date _____ Time _____ to _____ Location _____

In the event of an emergency, contact: _____ phone _____

The cost to your daughter for this event is _____ and she will need to bring: _____

Transportation	Drop Off:	_____	_____
		Time	Location
	Pick Up:	_____	_____
		Time	Location

Please complete the bottom portion of this form and return it to your daughter's leader by _____
Date Due

Keep the top portion so you will have a record of where we are and how you can reach us in the event of an emergency.
A signed parent permission is required for all events/activities outside of the normal Troop/Group meeting. If the bottom portion is not completed, signed, and returned prior to the event or activity, your daughter will not be able to attend!

My daughter, _____, has my permission to participate in all activities at the
_____ with Troop # _____, on _____, between the hours of
Event/Activity _____ and _____.

I will not allow her to attend if I do not consider her to be in good physical condition or if she has been exposed to any contagious disease. I hereby give my permission to the adult staff of the event listed above to secure emergency medical and surgical treatment for my daughter, a minor child, while in attendance. I also give consent for routine, non surgical medical care.

I understand that if an emergency does arise, I will be notified as soon as possible. If I cannot be reached, please notify the following emergency contact person:

_____	_____
Name	Relationship to Girl Scout
_____	_____
Address	Telephone #

Allergies my daughter has (foods, substances, medications, or insects) _____

Special medical information or health conditions: _____

Medicine/Medications that will be brought to the event _____

Any restriction of activities or special accommodations needed: _____

Physician Name _____ Physician Phone _____

I also understand that during the course of this event, photographs, videos, or audio recordings may be taken which may include my daughter. I hereby consent that such photos, videos, or audio recordings may be used by the Michigan Shore to Shore Girl Scout Council in the promotion of Girl Scouting.

Parent or Guardian signature _____ Date _____

Address _____ Home Phone _____ Work / Message Phone _____

**I understand that I am responsible for complying with the transportation arrangement noted. If my daughter/ward is not picked up on time after the activity, the troop leader will first attempt to contact me and then the emergency contact listed on this permission form. As a last resort, if none of the persons identified is available or willing to pick up my daughter, I understand that the leader may, at her discretion, contact the proper authorities for assistance in locating me.