

Girl Scouts of Eastern Oklahoma PARENT PERMISSION FOR ACTIVITY OR TRIP

RETURN THIS PORTION TO LEADER

Additional telephone number(s) — Guardian 1	I unders	tand and am in cor	nplete agreeme	ent that:		_				
2. there will be		1. my child will participate and/or travel with Girl Scouts of Eastern Oklahoma								
3. my child will participate in (description of activities)		troop #	troop # at/to (location) on (date/s) ;							
and/or will visit: start		2. there will be adults participating with/accompanying the Girl Scouts;								
4. transportation will be by private car rented/chartered vehicle commercial airline other ; and be housed in and be housed in		3. my child will participate in (description of activities);								
Security arrangements made by the troop include cabins connecting rooms tents other ; this facility is locked unlocked;		and/or will visit:								
Additional telephone number(s) — Guardian 1	0	4. transportation v	transportation will be by □ private car □ rented/chartered vehicle □ commercial airline □ other;							
Additional telephone number(s) — Guardian 1	ğ B o	5. the group will s	the group will stay at (name of overnight facility)				and be housed in			
Additional telephone number(s) — Guardian 1	Ň Ň Į Ų	□ lodge □ cal	□ lodge □ cabins □ connecting rooms □ tents □ other				r; this facility is □ locked □ unlocked;			
Additional telephone number(s) – Guardian 1 Additional telephone number(s) – Guardian 2 In case I cannot be reached, someone to contact in an emergency will be (please notify these people of their responsibilities): Name	G + H	6. Security arrangements made by the troop include								
Additional telephone number(s) – Guardian 2	During this activity, I may be reached at the following locations in addition to the home phone:									
Name	Additional telephone number(s) – Guardian 1									
Name	Additional telephone number(s) – Guardian 2									
Name	In case I cannot be reached, someone to contact in an emergency will be (please notify these people of their responsibilities):									
Arter this activity, my child(s) will be going		Name			Relationship		Phone			
After this activity, my child(s) will be going	Name			Relationsh			Phone			
thereby give permission for the administration of the following medications if deemed necessary by a qualified first aider, nurse or physician. Dosages will be administered according to directions on the container unless otherwise directed by a physician. Please (✓) check any medication your child MAY be given. Please (✓) check any medication. Please (✓) check any m	Private Medical Insurance Information: Company Group # Other #									
Acetaminophen Antibistamine Antibiotic Ointment Bug Spray Brandt: MEDICATION Antibister required if sending/approving any medication.) By signing this permission document, I acknowledge that I have had an opportunity to discuss all aspects of this activity, I am aware of all security arrangements, I fully understand the nature of this event and am in complete agreement and have no further questions regarding it. I give my unreserved permission for my child to activity arrangements, I fully understand the nature of this event and am in complete agreement and have no further questions regarding it. I give my unreserved permission for my child to arricipate and for the adults to act in a parental role in my place. I understand that the Authorization for Emergency Care, which I signed when my child joined the roop this current year, is in effect for this activity. X Parent/Guardian SIGNATURE (in ink) Date ON (date) ON (date)	After this activity, my child(s) will be going with									
Antacid Tablets-Chewable Calamine Lotion Throat Lozenges/Spray Sun Screen Brand: Bug Spray Brand: MEDICATION DIRECTIONS	I hereby give permission for the administration of the following medications if deemed necessary by a qualified first aider, nurse or physician. Dosages will be administered according to directions on the container unless otherwise directed by a physician. Please (🗸) check any medication your child MAY be given.									
Antacid Tablets-Chewable Calamine Lotion Throat Lozenges/Spray Sun Screen Brand: Bug Spray Brand: Bug Spra		Acetaminophen		Antihistamine	Ibuprofen		Antibiotic Ointment	Decongestant		
Am sending the following medication(s) with my child: MEDICATION		Antacid Tablets-C	Chewable	Calamine Lotion	Throat Loze	enges/Spray				
1	I am sending the following medication(s) with my child:									
2. 3. PARENT/GUARDIAN SIGNATURE:		<u>MEDICATION</u>				<u>DIRECTIONS</u>				
3										
PARENT/GUARDIAN SIGNATURE: (Signature required if sending/approving any medication.) By signing this permission document, I acknowledge that I have had an opportunity to discuss all aspects of this activity, I am aware of all security arrangements, I fully understand the nature of this event and am in complete agreement and have no further questions regarding it. I give my unreserved permission for my child to participate and for the adults to act in a parental role in my place. I understand that the Authorization for Emergency Care, which I signed when my child joined the roop this current year, is in effect for this activity. X Parent/Guardian SIGNATURE (in ink) Date **Clip here and keep this information for reference* **ODI NEED TO SEND MONEY? NO YES! \$										
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anderstand the nature of this event and am in complete agreement and have no further questions regarding it. I give my unreserved permission for my child to participate and for the adults to act in a parental role in my place. I understand that the Authorization for Emergency Care, which I signed when my child joined the roop this current year, is in effect for this activity. X Parent/Guardian SIGNATURE (in ink) Date Clip here and keep this information for reference Clip her	(Signature required if sending/approving any medication.)									
BOING TOON (date) TIME AND PLACE OF DEPARTURE	understand participate troop this	d the nature of this ever and for the adults to a current year, is in effect	nt and am in compl ct in a parental rol t for this activity.	ete agreement and have n e in my place. I understa	o further questiond that the <i>Autho</i>	ns regarding it. I prization for Emerg	give my unreserved permi ency Care, which I signed	ssion for my child to when my child joined the		
DON'T FORGET!! GIRL SCOUT ACTIVITY DO I NEED TO SEND MONEY? NO UYES! \$	A Parent/Guardian SIGNATURE (in ink) Date									
GOING TOON (date)			3<	Clip here and keep	this informatio	on for reference				
GIRL SCOUT ACTIVITY GOING TOON (date) TIME AND PLACE OF DEPARTURE	DON'T				YT FORGET					
ΓΙΜΕ AND PLACE OF DEPARTURE	girl so	couts		GIRL SCOUT ACTI		<u>VITY</u>	<u> </u>			
ΓΙΜΕ AND PLACE OF DEPARTURE	GOING '	го				ON (date)				
AT-HOME CONTACT NAME AND PHONE										
PICK HER UP! DAY/DATE:TIME:PLACE:										