



Girl Scouts of Eastern Oklahoma
Parent Permission for Service Unit Overnight Activity or Trip

Please complete both sides. Your signature must be in ink on all the lines marked with X.

Name of Girl _____ Grade _____ Birthdate _____

Address _____ City _____ Zip _____ Home Phone _____

During this activity, I may be reached at the following locations in addition to the home phone:

Name and additional telephone number(s) – Guardian 1 _____

Name and 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 _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Private Medical Insurance Information:

Company _____ Group # _____ Other # _____

I understand and am in complete agreement that:

- 1. my child _____ will participate and/or travel with _____ Service Unit of Girl Scouts of Eastern Oklahoma at/to _____ on _____ for _____;
2. there will be _____ adults participating with/accompanying the _____ Girl Scouts; and that these adults will act in a parental role in my place;
3. my child will participate in _____ and/or will visit _____;
4. transportation will be by _____;
5. the cost is _____;
6. the group will stay in _____;
7. security provided by the facility is _____;
8. The Service Unit has made the following security arrangements: _____

X Parent/Guardian SIGNATURE _____

X PRINT Parent/Guardian Name _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that my child should not attend any activity when she is ill or recently exposed to a contagious disease. If she should become ill or injured while in the care or under the supervision of Girl Scouts of Eastern Oklahoma, any of its officers or leaders, I authorize her to receive first aid and other emergency care. If it should become necessary for her to receive professional medical, surgical, or dental treatment, I authorize the responsible Girl Scouts of Eastern Oklahoma officer or leader to give the necessary "parental consent" in my stead for a licensed physician, surgeon or dentist to administer any medical, surgical or dental treatment they deem necessary, including hospitalization and surgery. I understand that every reasonable effort will be made to contact me immediately upon the discovery of the emergency. I further understand that I will take full financial responsibility for all expenses that might be incurred that are not covered by Girl Scout insurance.

This consent is given in advance of any specific diagnosis or treatment being required, and is given primarily to encourage those officers or leaders who have temporary custody of my child, and the said physician, surgeon or dentist to exercise their best judgment in situations deemed an emergency as to the requirements of such diagnosis or medical, surgical or dental treatment.

By signing this permission document, I acknowledge that I have an opportunity to discuss all aspects of this activity, I fully understand the nature of this event and am in complete agreement. I 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 have read the Authorization for Emergency Care and give my consent.

X Parent/Guardian SIGNATURE _____ Date _____

PHOTO RELEASE

I hereby consent that photographs, video tapes, and/or motion picture film in which my child appears and/or audio recordings made of her voice may be used by Girl Scouts of Eastern Oklahoma and its assigns in whatever way they may desire, including television; I consent that any such photograph, film, recording, and the plates and/or tapes from which they are made, shall be the property of Girl Scouts of Eastern Oklahoma and that they shall have the right to duplicate and reproduce and make other such use of said materials as they may desire without any claim on my part.

Your signature gives permission for the Council to use photographs of your child.

X Parent/Guardian SIGNATURE _____ Date _____