



## Permission for Meetings, Media, Day Trips & Treatment

Girl's F	ull Legal Name:		Nickname:		DOB:	
		Safety Agreen	nent for Meet	ing		
1. 2. 3. 4.	Will your daughter be walking hom Will someone be driving her home f My daughter is allowed to use the fo What is the name and phone numbe	rom meetings?   Dillowing modes of transportati		No	☐ Drive herself home	
5.	5. Will anyone else have your permission to walk, drive, or accompany her home? Name & phone number:					
6.	Is there anyone who is NOT permitt Name:					
I unde					on I named in questions 3 or 4 above is there wing her home or walking with her.)	
and all o Scouts o liability,	costs and expenses including but not limited to doc of Central Texas, its chartered affiliates, agents, serv	tor's fees, emergency room fees, reasona vants, employees, officers, and directors alleged to have arisen out of the neglige	able attorney's fees, inv may become obligated	estigative, and disco to pay on account o	gents, servants, employees, officers, and directors from any overy costs, court costs, and all other sums which the Girl of any, all and every demand for, claim arising or assertion of iduct relating to the event hosted by the Girl Scouts of Centra	
Sign	ature of Custodial Parent or Guardia	n		oday's Date		
		Media F	Permission			
	grant permission OR 🗖 deny permis: motional materials, news releases, sha				taped, or electronically imaged for purposes cout troop.	
Sign	ature of Custodial Parent or Guardia	n	T	oday's Date		
group each f based activit	's local activities, including any field i ield trip so you can let the leader know	trips <i>of one day or less</i> . You will wif you do <u>NOT</u> want your dau aughter has your permission to	he normal meetir I be informed in v ughter to particip	ng space. Your writing (handou ate. If the leader	signature will give permission for <u>all</u> of our at or email) at least two weeks in advance of r does not hear from you, she/he will assume omplete individual permission slips for any	
Sign	ature of Custodial Parent or Guardia	n		oday's Date	-	
	C	onsent for Emergency N	Medical/Dent	al Treatmen	t	
proce unsu	edures which may be performed or	prescribed for my child by a ely necessary or advisable by the	licensed physici ne physician to sa	an, dentist or l feguard my chi	surgical, diagnostic, and hospital care, or hospital, when efforts to contact me are ld's health. I waive my right of informed	
Sign	ature of Custodial Parent or Guardia	n	T	oday's Date		
		Emergency Con	tact Informat	ion		
Custo	dial Parent/Guardian if Under 18:		В	est Phone #:		
Addre	ess (if different than girl's address):					
Emerg	gency Contact Name:		1	Best Phone #:		
Alterr Name	nate person(s) to contact in emergency	: Best Phone #:	C	ity	Relationship	