girl scouts of central texas

Girl Scouts of Central Texas
Permission for Meetings, Media, Day Trips, and Treatment

Page must be completed and signed by custodial parent/guardian of Girl Scout. Health History Record must be completed and attached to form.

Girl Scout's Full Legal Name:_____ Nickname: _____ DOB: _____

Safety Agreement for Meeting

1. Will your daughter be walking home from meetings? ☐ Yes ☐ No
2. Will someone be driving her home from meetings? ☐ Yes ☐ No
3. My daughter is allowed to use the following modes of transportation: ☐ Public transportation ☐ Drive herself home
4. What is the name and phone number of the person(s) who will drive her home?

Name and Phone Number: _____

5. Will anyone else have your permission to walk, drive, or accompany her home?

Name and Phone Number: _____

6. Is there anyone who is NOT permitted to pick up your child?

Name: _____

I understand that if my daughter is to have a ride or walk home, I am responsible for seeing that the person I named in questions four or five above is there by _____ p.m. to pick her up. (I understand that neither the leader nor Girl Scouts is responsible for driving her home or walking with her.)

_____ I shall indemnify, hold free and harmless, assume liability for, and defend the Girl Scouts of Central Texas, its chartered affiliates, agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to doctor's fees, emergency room fees, reasonable attorney's fees, investigative, and discovery costs, court costs, and all other sums which the Girl Scouts of Central Texas, its chartered affiliates, agents, servants, employees, officers, and directors may become obligated to pay on account of any, all and every demand for, claim arising or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of the negligence, gross negligence, or intentional misconduct relating to the event hosted by the Girl Scouts of Central Texas, its chartered affiliates, agents, servants, employees, officers, and directors.

_____ _____

Signature of Custodial Parent or Guardian **Today's Date**

Media Permission

I ☐ **grant permission** OR ☐ **deny permission** for my daughter to be interviewed, photographed, videotaped, or electronically imaged for purposes of promotional materials, news releases, sharing on social media, or other published formats for my Girl Scout troop.

_____ _____

Signature of Custodial Parent or Guardian **Today's Date**

Permission for All One Day Trips for the Year

Throughout the year, there will be meetings and field trips held outside the normal meeting space. Your signature will give permission for all of our group's local activities, including any field trips *of one day or less*. You will be informed in writing (handout or email) at least two weeks in advance of each field trip so you can let the leader know if you do NOT want your daughter to participate. If the leader does not hear from you, she/he will assume based on your signature below that your daughter has your permission to participate. You will need to complete individual permission slips for any activities over one day in length.

I agree to the Day Trip permission statement above.

_____ _____

Signature of Custodial Parent or Guardian **Today's Date**

Consent for Emergency Medical/Dental Treatment

I am the parent or guardian having legal custody of the child named above. I authorize all medical, surgical, diagnostic, and hospital care, or procedures which may be performed or prescribed for my child by a licensed physician, dentist or hospital, when efforts to contact me are unsuccessful and when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. Visit **www.gsctx.org/forms** to complete a Girl Scout Health History Record.

_____ _____

Signature of Custodial Parent or Guardian **Today's Date**

Emergency Contact Information

Custodial Parent/Guardian if Under 18: _____ Best Phone #: _____

Address (if different than Girl Scout's): _____

Emergency Contact Name: _____ Best Phone #: _____

Alternate person(s) to contact in emergency:

Name	Best Phone #:	City	Relationship

Electronic or handwritten signature allowed.
Download this document to insert the electronic signature.