

Girl Scouts of Orange County 9500 Toledo Way, Suite 100, Irvine, CA 92618 + 949.461.8800 + 800.979.9444 + www.GirlScoutsOC.orgwww.GirlScoutsOC.org

Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.

## PARENT/GUARDIAN PERMISSION FORM FOR SINGLE EVENT

	[Leader	to Complete Top Portion ]		
Leader Name		Home #	Ce	ll #
Troop Numberis	planning			Date
Located at				
Troop will Meet: Place				Time
Troop will Return: Place				Time
Mode of Transportation				
Need to Bring/Wear				
Cost of Event \$	Leader Signature			_ Date:
In Case of Emergency, Contact	:: Name			
Address				
A copy of these plans are on file				
	· · · ·	Service Unit Representative)		
Troop Number		retain this portion until outing Bottom Portion and Return to Le		
PARENT'S/GUARDIANS'S PERM	ISSION AND EMERGENCY ME	DICAL FORM		
I (we), the undersigned parent, pare to attend	ease, waive, discharge and coven (collectively the "Council") from a or death, whether caused by the r build the need arise, do hereby au ral or special supervision of any r urisdiction within which the Event ent is being held and on the staff ublic Health or licensed by the sta agnosis, treatment or hospital car ercise of his/her best judgment m tment to the patient but that any co buncil of Orange County, its office ouncil of Orange County for medi ection 6910 of the Family Code of Car ience Practitioner	hant not to sue the Girl Scout Cour any and all liability to myself or my hegligence of the Council or other thorize and consent to any x-ray of member of the medical staff and e is being held or a dentist licensed of any acute general hospital hold ate within which the Event is being the being required but is given to pr hay deem advisable. It is understo of the above treatments will not be ers or leaders for medical aid rend ical or other expenses incurred in <i>lifornia and remains effective only for t</i>	ncil of Orange County, its daughter for any loss or wise, resulting from or re examination, anesthetic, emergency room staff lice d under the provisions of ding a current license to c g held. It is understood the rovide authority and powe bod that effort shall be made withheld if the undersig lered at a hospital or first the care of my daughter.	s directors, officers, damage, including elated to my daughter's medical or surgical ensed under the provisions the Dental Practice Act of operate a hospital from the nat this authorization is er to render care which the ade to contact the ned cannot be reached. I aid rendered at the event
Is she taking medication? NO				e
Medication must be accompanied by w				
Is the information on your daughter	's health History form still current	I? No Yes Please List Cha	anges	
Allergic to:	Restric	ted activities and or food for this e	event are	
I will permit photographs of my daughter	taken at this event to be used for put	plicity by authorization of the designate	ed members of the Council.	
Parent/Guardian's Signature		Phone	Date	
Local Emergency Contact Other than Pa	arent/Guardian			
Name	Relations	ship	Phone	
BE SURE YOU HAVE DETACHED THE	UPPER PORTION. IT IS FOR YOU	UR INFORMATION		