



Permission for Participation in Girl Scout Activity and Authorization to Consent to Emergency Medical Treatment for Girl Scout Minor

Girl Scout Name _____

Caregiver's Name _____

In case of emergency notify:

Full Name _____ Full Name _____

Home _____ Home _____

Cell _____ Cell _____

Relationship _____ Relationship _____

- I consent for photos to be taken and used in social media and publicity for GSSN.
My Girl Scout is not excluded from school and does not have any COVID-19 symptoms.

Please list any allergies or health care concerns regarding your Girl Scout (use back of form if needed):

Persons permitted to pick up my Girl Scout from this event:

- 1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____
4. _____ Phone _____

PERMISSION FOR EMERGENCY TREATMENT

In the event (Girl Scout's name) _____ becomes ill or sustains an injury while in the care of or under the supervision of the Girl Scouts of the Sierra Nevada or any of its officers or leaders, I authorize first aid to be administered. If it should become necessary to seek professional medical treatment, I give permission for a licensed medical professional to administer any medical and/or surgical treatment he/she deems necessary, including hospitalization. I understand that every effort will be made to contact me, or if not possible, one of the parties listed under Emergency Contact. I accept full financial responsibility for all expenses incurred that are not covered by Girl Scout Activity Insurance.

Caregiver Signature _____ Date _____

Phone (day) _____ (evening) _____

I do not desire this authorization and understand that in so choosing I release and relieve from all liability whatsoever Girl Scouts of the Sierra Nevada, its officers and leaders. In case of emergency, please follow this procedure:

Caregiver Signature _____ Date _____