

Council-Sponsored Program/Event Permission Slip For Individually Registered Girls

My daughter, _____, has my permission to go to _____
(Full name) (Program/event name)

at _____ on _____
(Name and full address of location) (Event date)

In case of emergency, I can be reached at: Home Phone: () _____

Work Phone: () _____

Pager/Cell Phone: () _____

Please list names and phone numbers of two other responsible adults to call if we can't reach you in case of an emergency. (Please check with these contacts before listing them.)

_____	()	()
Name	Home Phone	Work Phone

_____	()	()
Name	Home Phone	Work Phone

I have read the event confirmation and will provide transportation to and from the event. The following individuals are authorized to pick-up my daughter in my place. I understand that anyone attempting to pick-up my daughter will be asked to provide picture identification

Girl Scouts of the Huron Valley Council has my permission to secure emergency medical care for my daughter while participating in this activity.

My insurance carrier: _____ Policy #: _____

Signed (Parent or Guardian): _____ Date: _____

Please attach this form to Girl Health History Record