

**THIS FORM, COMPLETED AND SIGNED
MUST BE TURNED IN AT CHECK IN
FOR YOUR GIRL SCOUT TO STAY AND PARTICIPATE.**

Girl Scout's Full Name: _____

**Girl Scouts of Northeast Texas Day Program
Parent/Guardian *PERMISSION and RELEASE FORM***

GENERAL INFORMATION: All activities will be conducted in accordance with the *GSUSA and GSNETX Policies and Procedures* regarding safety and adult supervision. The Girl Scout Promise and Law will serve as the Behavior Policy.

Session Start Date:	Session Time:
Session Name:	Session Location:

Girl Scout Name: _____ Age: _____ Date of Birth: _____

I have read the description of the activities planned, and my Girl Scout can participate in all except for the following. **If no activity restrictions, please write N/A.** _____

Please list any medical conditions, allergies, or special accommodations. **If none, please write N/A.** _____

I have provided prescription medication(s) for my child to take under the supervision of the designated adult: yes no
(attach a list if necessary –all medication must be in the original container, not expired, and prescribed to the Girl Scout)

Prescription Medication	Dosage	How Often

Girl Scouts will only be released to authorized person(s) listed below. Picture I.D. will be required before a Girl Scout is released to an authorized person. Please attach additional names if necessary.

1st Parent/Guardian: _____ Phone _____ DL# _____

2nd Parent/Guardian: _____ Phone _____ DL# _____

Alternate Contact 1: _____ Phone _____ DL# _____

Alternate Contact 2: _____ Phone _____ DL# _____

Parent/Guardian Authorization

(For this form to be complete, initial each statement and sign the bottom of this form)

I, the undersigned parent and/or legal guardian of the above-mentioned girl (the "Minor"), do hereby agree to the following:

- _____ The above health history is correct and accurately reflects the current health status of my Minor.
- _____ The Minor may participate in all phases of camp, except as otherwise noted above.
- _____ I give Girl Scouts of Northeast Texas, Inc. ("GSNETX"), Girl Scouts of the USA, and the United Way the right and permission, without compensation, to use photographs, video recordings, and other images of my daughter and her name for publicity and public relations purposes.
- _____ If the Minor is presently a non-Girl Scout member, I give GSNETX permission to register her as a Girl Scout member.
- _____ I authorize and consent for an adult designated by GSNETX (hereafter "Designated Adult") to administer routine healthcare, medications, in addition to general first aid treatment for any minor injuries or illnesses experienced by the Minor while at camp or engaging in camp activities. I understand that every reasonable effort will be made to contact me in the event of an acute illness or other emergency requiring medical attention for the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.
- _____ I understand that any and all costs incurred as a result of such medical care for the Minor will remain my sole responsibility and I agree to assume financial responsibility for all medical and related expenses if such care is not covered by GSUSA insurance.

Parent/Guardian Signature _____ Date _____