

## PARENT/GUARDIAN PERMISSION FOR TROOP OUTINGS

*Please complete this form and return it to your daughter's troop leader. Permission(s) and release information is needed before your daughter can participate in Girl Scout troop activities. Please print legibly.*

Adult's Name \_\_\_\_\_ Troop # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Automobile Insurance Carrier \_\_\_\_\_  
Emergency Contact/Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
(Someone we can call in an emergency)

### Driver Acceptance

I understand that when driving for Girl Scouts of Southern Alabama as a troop helper I am required to have a valid driver's license and current liability insurance. My driving record is free of at fault accidents and driving violations. I also understand that I will provide proof of a valid driver's license and current insurance upon request.

### Hold Harmless Agreement

I hereby release and hold harmless Girl Scouts of Southern Alabama from any and all claims or liability arising from, out of or associated with my child's participation in any troop or council sanctioned activity. My signature is evidence of my release from the council, its agents, and employees.

\_\_\_\_\_  
Signature Date/Updated Date

## ADULT HEALTH HISTORY

Adult's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Adult's Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

If there is a yes answer for questions 1-3 please give more details on a separate sheet of paper or add to back of form.

1. For the safety of your child, is there a condition that you would like us to know \_\_\_ Yes \_\_\_ No
2. Is your daughter currently under the physician's care for a medical problem? \_\_\_ Yes \_\_\_ No
3. Does your daughter have any allergies (e.g. pollen, insect stings, foods, etc.) \_\_\_ Yes \_\_\_ No

**Authorization for Treatment:** I hereby give permission to the medical personnel selected by the Girl Scout adult in charge to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide and arrange any necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Girl Scout adult in charge to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for use off-site.

\_\_\_\_\_  
Signature Date/Updated Date