

GIRL SCOUT PERMISSION SLIP - MULTIPLE USE



Girl Scouts of Alaska (THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY, USE BLACK INK.)

Girl's Name:			Tro	oop/Group <u>#</u>	Ag	ge <u>:</u>
My daughter has my permission to attend the activ licensed physician if necessary. I also agree to be fin also allows Girl Scouts to use photographs, voice, activities other than the ones listed on this form. I that are set out in this form, including with respect to	nancially responsible for al and/or video of my child acknowledge that if I give	I expenses associated I for Public Relation permission for her to	with providing ns purposes. Mo participate in s	medical care for my fy daughter may hav such activities in the	child. My signature on t	this document
Leader should communicate complete i date/time, departure time/place, return time	nformation about ea ne/place, cost, dress,	ch planned activ	rity to paren d other pertin	t/legal guardian, nent information	including activity,	location,
			*			
Activity:				Date:		_
Activity:				Date:		_
Activity:				Date:		_
Activity:				Date:		_
Activity:				Date:		_
Activity:				Date:		_
TRANSPORTATION RELEASE: I understand the or outing that is held at a different place and time fro Girl Scout activity and recognize that transportation any such carpool or bus service that I arrange is not harmless for any and all injuries, death or damages are	m the regularly scheduled o and from Girl Scout eve acting as an agent of Girl	troop/group meeting. nts is not the respons Scouts of Alaska. It	I accept responsibility of Girl So is my expressed	nsibility for the trans couts of Alaska. I re-	portation of my child to	and from any
I give my permission for my daughter to participate activities. EXCEPTIONS:	e in Boating, Swimming,	Horseback Riding, o	r other strenuou	us activities. If no e	exceptions, she may part	ticipate in all
My daughter may not be released to: If unable to reach me in case of an emergency or char		Cri. C.II.	6			_
if unable to reach me in case of an emergency or char	ige in plans, please contact	one of the following	. I will make an	rangements with thes	se people prior to the eve	nt.
Name:	Day: <u>(</u>)	Evn:()	Relationship:	
Name:	Day:()	Evn:()	Relationship:	
Medication(s) she can have:						
Medication(s) she cannot have:						
	s must be provided in o				uctions.	
Signature of Parent/Legal Guardian Phone	#	Pager or Cell Phone	•		Date	
Print Name of Parent/Legal Guardian						