

PARENT PERMISSION AND MEDICAL AUTHORIZATION

Girl Scout: _____

Address: _____
(street -- city -- zip)

Phone: _____ Birthdate: _____

Troop #: _____ Leader's Name: _____

Parents' Names: _____

Phone where parent may be reached in case of emergency or delay: _____

Other authorized adult: _____

Address: _____ Phone: _____

Physician's Name: _____ Phone: _____

Medical Insurance Company	
Policy/Group Number	
Year of Last Tetanus Immunization	

Special medical considerations regarding my daughter: _____

—

(Examples: Allergies, Illnesses, Health Conditions, etc.)

I hereby authorize Farthest North Girl Scout Council for the troop year _____, through the adult person into whose care my Girl Scout daughter has been entrusted, to consent to the medical care necessary under the supervision of and as deemed advisable by a physician. This authorization shall remain effective throughout each Girl Scout activity unless revoked in writing and delivered to the adult person mentioned above.

I also give permission for pictures taken of my daughter to be used by Girl Scouts.

Parent or Guardian's Signature

Date



Farthest North Girl Scout Council
431 Old Steese Hwy
Fairbanks, AK 99701
(907) 456-4782

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Activity	Date	Place	Cost	Leave Time/Place	Return Time/Place	Bring/Wear
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

My daughter has my permission to participate in the Girl Scout activity numbered above. I shall make sure she does not attend if she is not feeling well. Signature of parent or guardian below.

1.		Date:		6.		Date:	
2.		Date:		7.		Date:	
3.		Date:		8.		Date:	
4.		Date:		9.		Date:	
5.		Date:		10.		Date:	

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