PARENT PERMISSION AND MEDICAL AUTHORIZATION

Girl Scout:			Girl Scout:		
Address:			Address:		
	(street city zip)			(street	city zip)
Phone:	Birthdate:		Phone:	Birth	ndate:
Froop #: Leader's Name:			Troop #:	Leader's	Name:
Parents' Names:			Parents' Names:		
Phone where parent may be r	eached in case of emergency	or delay:	Phone where parent m	nay be reached in ca	ase of emergency or delay:
Other authorized adult:			Other authorized adult	: <u> </u>	
Address:	Phone:		Address:		Phone:
Physician's Name:	Phone:		Physician's Name:		Phone:
Medical Insurance	Company		Medical Inst	urance Company	<u> </u>
Policy/Group				cy/Group Number	
Year of Last Tetanus Imm			Year of Last Tetar		
Special medical consideration			Special medical consid		my daughter:
(Examples: All	ergies, Illnesses, Health Conditions,	etc.)	(Exan	mples: Allergies, Illnesse	es, Health Conditions, etc.)
	I as deemed advisable by a ctive throughout each Girl Sc	e my Girl Scout al care necessary a physician. This out activity unless	, through daughter has been e under the supervision authorization shall rem revoked in writing and	the adult person entrusted, to conse of and as deeme nain effective through delivered to the adu	Scout Council for the troop year into whose care my Girl Scout ant to the medical care necessary and advisable by a physician. This phout each Girl Scout activity unless all person mentioned above.
also give permission for pictu Scouts.	res taken of my daughter to b	e used by Girl	I also give permission to Scouts.	for pictures taken o	f my daughter to be used by Girl
Parent or Guardian's Signatur	e	Date	Parent or Guardian's 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.							
_							
9.							
10.							
_							
1 2	Ay daughter has my	eeling well. Signa Dat	te: te: te: te: te:	guardian below. 6. 7. 8.	umbered above. I	Date: Date: Date:	ne does not
1	Activity	Date	Place	Cost	Leave Time/Place	Return Time/Place	Bring/Wear
1. 2.	Activity	Date	Place	Cost			Bring/Wear
	Activity	Date	Place	Cost			Bring/Wear
2.	Activity						Bring/Wear
2. 3. 4.							Bring/Wear
2. 3. 4. 5. 6.							Bring/Wear
2. 3. 4. 5. 6. 7.							Bring/Wear
2. 3. 4. 5. 6. 7.							Bring/Wear
2. 3. 4. 5. 6. 7. 8. 9.							Bring/Wear
2. 3. 4. 5. 6. 7. 8. 9.							Bring/Wear
2. 3. 4. 5. 6. 7. 8. 9.							Bring/Wear
2. 3. 4. 5. 6. 7. 8. 9.							Bring/Wear
2. 3. 4. 5. 6. 7. 8. 9. 10.		y permission to pa	articipate in the Gir	'l Scout activity n		Time/Place	
2. 3. 4. 5. 6. 7. 8. 9. 10.	/ly daughter has my	y permission to pa	articipate in the Gir ature of parent or o	'l Scout activity n guardian below.	umbered above. I	Shall make sure sh	
2. 3. 4. 5. 6. 7. 8. 9. 10. — Ma	/ly daughter has my	y permission to pa eeling well. Signa	articipate in the Gir ature of parent or o	rl Scout activity n guardian below. 6.	umbered above. I	shall make sure sh	
2. 3. 4. 5. 6. 7. 8. 9. 10. = M. a. 1 2	/ly daughter has my	y permission to pa eeling well. Signa Dat	articipate in the Gir ature of parent or o	rl Scout activity nguardian below. 6. 7.	umbered above. I	shall make sure sh	
2. 3. 4. 5. 6. 7. 8. 9. 10. = M. a. 1 2	/ly daughter has my	y permission to pa feeling well. Signa Dat	articipate in the Gir ature of parent or o	rl Scout activity nguardian below. 6. 7.	umbered above. I	shall make sure shall make sure shall make sure shall bate:	