

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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