



GIRL SCOUTS OF EASTERN SOUTH CAROLINA

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GIRL PERMISSION SLIP

This form must be used for any activity, which does not take place at the regular troop/group meeting time and/or involves transportation.

My daughter _____ has my permission to participate in _____ on (date) _____. She is in good physical condition, has no recent exposure to a contagious disease and has not had any serious illness or operation since her last health examination. She has my permission to participate in the total activity (except as noted):

Any prescribed medication/instructions to be administered during this event _____

Any allergies _____

During this activity I can be reached at: Location _____ Phone _____

Name: _____ Relationship _____

If I cannot be reached in the event of an emergency, the following person(s) are authorized to act on my behalf:

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

RELIGIOUS PREFERENCE FOR NON-MEDICAL CARE

I, _____ Parent/Guardian of _____ would prefer that no medical care be given to my child in an emergency. In case of illness or injury, please contact: Religious/Spiritual Leaders Name: _____

Signature of Religious/Spiritual Leader _____ Date _____

PHOTO/AUDIO/VIDEO RELEASE FORM

I being parent/guardian of _____ hereby consent that photographs and other media in which she appears may be used by Girl Scouts of the USA, its assigns or successors, in whatever way they may desire, including audio/visual projections and television; furthermore, I hereby consent that such photographs and the plates from which they are made shall be their property, and they shall all have the right to sell, duplicate, reproduce, and make other uses of such photographs and plates as they may desire, free and clear of any claims whatsoever on my part.

Parent/Guardian Signature _____ Date _____

INFORMATION FOR PARENTS (PLEASE KEEP FOR YOUR RECORDS)

_____ Service Area _____ Troop _____

ATTENTION PARENTS: This form does not absolve the parent/guardian of the responsibilities of being available as stated. As parent/guardian, the leader will expect to be able to reach you at the location specified on this form.

Event and Location _____ Date _____ Phone _____

Time and Place of departure _____

Time and Place of return _____

Trip Coordinator _____ Phone _____

First Aider _____ Chaperone _____

Chaperone _____ Chaperone _____

Each girl will need (include any expense) _____

Dress for the weather: Equipment and clothing _____

In case of emergency/changes, the leader will notify _____ Phone _____ who will then notify parents.

Leader Signature _____ Phone _____

Assistant Leader Signature _____ Phone _____