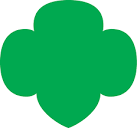
Girl Scouts of Eastern South Carolina



**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 Click here to enter text.has my permission to participate in Click here to enter text. on (date)

Click here to enter a 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 Click here to enter text. Any allergies Click here to enter text.

During this activity I can be reached at: Location Click here to enter text.Phone: Click here to enter text.

Name: Click here to enter text.RelationshipClick here to enter text.If I cannot be reached in the event of an emergency, the following person(s) are authorized to act on my behalf: NameClick here to enter text.

RelationshipClick here to enter text.PhoneClick here to enter text.

Physician’s NameClick here to enter text.Phone Click here to enter text.

Parent/Guardian SignatureClick here to enter text.Date Click here to enter a date.

**By typing my name in the box below I am offering my digital signature in lieu of my handwritten signature. I understand that my digital signature carries the same legal bindings as my handwritten signature.**

**RELIGIOUS PREFERENCE FOR NON-MEDICAL CARE**

I Click here to enter text.Parent/Guardian of Click here to enter text. 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: Click here to enter text.

Signature of Religious/Spiritual Leader Click here to enter text.DateClick here to enter a date.

**PHOTO/AUDIO/VIDEO RELEASE FORM**

I being parent/guardian of Click here to enter text.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 Click here to enter text. Date Click here to enter text.

**INFORMATION FOR PARENTS** (PLEASE KEEP FOR YOUR RECORDS)

Girl’s NameClick here to enter text. Service Unit Click here to enter text. Troop Click here to enter text.

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 LocationClick here to enter text. DateClick here to enter a date. PhoneClick here to enter text.

Time and Place of departure Click here to enter text.

Time and Place of return Click here to enter text.

Trip CoordinatorClick here to enter text. Phone Click here to enter text.

First Aider Click here to enter text. ChaperoneClick here to enter text.

Chaperone Click here to enter text. Chaperone Click here to enter text.

Each girl will need (include any expense) Click here to enter text.

Dress for the weather: Equipment and clothing Click here to enter text.

In case of emergency/changes, the leader will notifyClick here to enter text.PhoneClick here to enter text.

Who will then notify parents?Click here to enter text.

Leader Signature Click here to enter text. Phone Click here to enter text.

Assistant Leader Signature Click here to enter text. Phone Click here to enter text.

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