

Signal Mountain Girl Scouts ("O-Ten-Talla") 2014-2015 Parent Permission Form

Contact: o-ten-talla@hotmail.com for more information

COMPLETE THIS FORM AT REGISTRATION. RETURN TO YOUR TROOP LEADER.

Girl's Name:		Member ID:		Troop Number:	
Street Address:		City/State:		Zip Code:	
Home Telephone:	Other Telephone:	Grade (fall 2014):	Birth Date:	School:	

Permission for Activities and Events: My daughter/dependent has permission to travel to, attend, and participate in regular troop and service unit activities that are three (3) nights or less, and not considered high risk activities as outlined in Safety Wise.

Yes No
Initials _____

Permission to Use Photographs: I understand that when participating in Girl Scout activities, my daughter may be photographed for print, video, and/or electronic imaging. I further understand that the images may be used in promotional materials, news releases, or other published formats (print, video, and/or electronic format) for SMGS, GSCSA, and/or GSUSA. I acknowledge that these images will be the sole property of SMGS, GSCSA, or GSUSA. (I understand that her last name will not be used for publicity purposes.)

Yes No
Initials _____

Permission for Emergency Medical Treatment: In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Signal Mountain Girl Scouts ("O-Ten-Talla") to seek treatment for my child and/or dependent minor by a licensed physician or dentist. I know of no reason(s) why my daughter/dependent may not participate in prescribed activities except as noted on the Health History Form (please complete and return health form to your troop leader).

Yes No
Initials _____

If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.

Special Accommodations: My daughter/dependent requires the following special accommodations (write "NONE" if there are none): _____

Emergency Contacts:

Name:	Home Phone Number:	Mobile Phone Number:	Relationship to Child:
Name:	Home Phone Number:	Mobile Phone Number:	Relationship to Child:

Parent/Guardian Agreement:

I have read and understand this Annual Parent Permission form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop/SU leader.

Printed Name of Parent/Guardian:	Signature of Parent/Guardian:	Date:
Street Address:	City/State/Zip:	Email Address: