

**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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Other authorized adult: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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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: _____ |

| Activity | Date | Place | Cost | Leave Time/Place | Return Time/Place | Bring/Wear |
|----------|------|-------|------|------------------|-------------------|------------|
| 1.       |      |       |      |                  |                   |            |
| 2.       |      |       |      |                  |                   |            |
| 3.       |      |       |      |                  |                   |            |
| 4.       |      |       |      |                  |                   |            |
| 5.       |      |       |      |                  |                   |            |
| 6.       |      |       |      |                  |                   |            |
| 7.       |      |       |      |                  |                   |            |
| 8.       |      |       |      |                  |                   |            |
| 9.       |      |       |      |                  |                   |            |
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