

# Parent Permission and Authorization for Medical Treatment

Trip leaders should keep this form in their records and have it accessible throughout the duration of the trip.

## Information

<b>Event</b>		<b>Date</b>	
<b>Girl Scout Full Name</b>			
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Name of Parent/Caregiver</b>		<b>Phone</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>If I cannot be reached in the event of an emergency, the following people are authorized to act in my behalf while my Girl Scout is on this trip:</b>			
<b>troop / trip leader's name</b>			
<b>relationship to participant</b>	<b>day phone</b>	<b>evening phone</b>	
<b>physician's name</b>	<b>phone</b>		

## Comments

**Additional remarks (allergies, medications, or health problems):**

## Signature

**Yes, as a parent or legal guardian of this child, I certify that they are in good physical condition and has not had any serious illness or surgery since their last health examination. I give my authorization to the above-named people to act in my behalf while they are on this trip/assignment.**

<b>parent/guardian signature</b>	<b>date</b>
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