

OGM Permission Slip

(A current copy must be brought to every Older Girl Meeting, trip or event)

Girl's Name: _____ has permission to attend

Event: _____

In case of emergency I will be available at: _____ OR

If I am unavailable, please contact: _____

Phone: _____

Do you give permission for your daughter to be photographed for promotional and educational purposes? YES NO

Do we need to know anything about your daughter's health to ensure her safety in the program?
(e.g. she uses an inhaler, has seizure disorders, allergies)

Permission to Seek Emergency Medical Attention – By signing this form, I (we) hereby authorize Girl Scouts of Eastern Massachusetts and the Older Girl Leaders to consent to any medical care and treatment for _____ that is recommended by a licensed healthcare provider to whom the child is presented for treatment. In order to ensure that the child receives prompt emergency medical care and treatment when necessary, I (we) hereby release any licensed health care provider providing medical care to the child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute care giver's consent.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____