



Permission to Transport

In the event that I cannot be reached in a medical or emergency of any kind where transportation is required, I hereby give my permission to the Girl Scout program leadership, physician, hospital or medical service selected by the Girl Scout program leadership to transport, hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is understood that a conscientious effort will be made to locate me or the emergency contact listed before any action is taken.

Girl Name (printed)

Parent Name (printed)

Parent Signature

Date