

EMERGENCY INFORMATION AND AUTHORIZATION FOR TREATMENT OF A MINOR	I (we) the undersigned parent(s) or legal guardian of _____, a minor, do hereby authorize the adult leaders or agents of _____ to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care rendered under the general or special supervision and upon the advice of a duly licensed physician or dentist. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.
Name _____ Age _____	Unless revoked in writing:
Address _____	Effective _____ to _____
Home Phone _____ Business _____	Date _____ Mother _____
Physician _____ Phone _____	and _____
Address _____	Or Legal _____
Dates last tetanus shot _____	Date _____ Guardian _____
Special Problems _____	Date _____ Witness _____
	Date _____ Witness _____

My child (PRINT full name)	Has permission to participate in ROSE PARADE FLOAT DECORATING	With Troop /Group
Address where I may be reached during activity		Phone No.
If you cannot reach me, contact	Address	Phone No.
		Relationship to participant
Non-member insurance has been obtained. My child is in good health. I will make sure s/he does not attend if s/he is not feeling well on the day of departure, and will so inform you. My child has my permission to participate in photographs taken for Girl Scout Public Relations. Yes _____ No _____		
Additional remarks:		
Signature of Parent or Guardian		Date

Detach Here and keep below for your information

Date(s)	Destination Fiesta Parade Floats 1727 Buena Vista St. Duarte, CA 91010	Method of Transportation
Departing from	at	Returning to
		at
The adult in charge will be		Phone No.
Emergency Contact		Phone No.