

**TROOP 327 MACKINAC ISLAND
SCOUT SERVICE PROGRAM – 2024**

PARENT PERMISSION AND ACKNOWLEDGEMENT

I acknowledge that my daughter understands and has signed the Scout Commitment Agreement. I agree with her desire to be a part of the Mackinac Island Scout Service Program. I have read the regulations pertaining to discipline, including all incurred expenses, cell phones, transportation and medical and hereby agree to the terms.

My daughter _____ has permission to participate as a member of Troop 327 Mackinac Island Scout Service Program on June 15, 2024 through June 22, 2024, including the general meetings and patrol meetings scheduled for Jan 12-13, Feb 3, Mar 2, April 12-13, May 11, and June 1, 2024.

- My daughter has my permission to go bicycle riding on the Island. As her parent/guardian, I assume full responsibility for any damages (personal injury or bicycle damage) that may occur. Girl Scout Safety Rules require all Scouts to wear bicycle helmets when riding a bike. There are helmets available at the Scout Barracks, but it is strongly encouraged that your daughter bring her own helmet.
- I give permission for my daughter to be photographed for Girl Scout publicity purposes.

Please check below your instructions for your daughter’s medical care, if needed.

- I am willing for my daughter to receive first aid treatment. I understand that, if possible, I will be contacted if additional medical care is needed.
- I am willing for my daughter to receive first aid treatment, but not willing for her to receive additional medical care, if needed.

Please follow these instructions:

**PLEASE PROVIDE A PHOTOCOPY OF BOTH SIDES OF
SCOUT’S MEDICAL INSURANCE CARD.**

PLEASE RETURN THIS FORM AT THE GENERAL MEETING ON JANUARY 13, 2024

If needed, my daughter may take the following non-prescription medications. These medicines will not be dispensed if the information requested below is not completed:

<u>MEDICATION</u>	<u>DOSAGE</u>
Acetaminophen / Tylenol	
Ibuprofen / Motrin / Advil	

<u>MEDICATION</u>	<u>DOSAGE</u>
Throat Lozenges	
Tums	

If your daughter requires any other over-the-counter medication, or prescription medication, it must be in its original packaging with the correct dosage indicated. Please write out any special instructions and enclose with the medication in a plastic zip-lock type bag clearly marked with the Scout's name. This should be given to the First Aid Advisor at the overnight on April 12, 2024 and before boarding the bus on June 15, 2024.

Physician's name: _____ Phone: (____) _____

Date of last tetanus shot _____

I understand that a doctor's physical report is required for participation.

IN CASE OF EMERGENCY, I CAN BE REACHED AT:

Home Phone: (____) _____ Cell Phone: (____) _____

Office Phone: (____) _____ Other: (____) _____

If I cannot be reached in case of emergency, whether physical or disciplinary, you may contact **the following people who have my permission to authorize care for my daughter:**

Name: _____ Relationship to Scout: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Office Phone: (____) _____ Other: (____) _____

Name: _____ Relationship to Scout: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Office Phone: (____) _____ Other: (____) _____

Additional remarks:

 SCOUT'S NAME

 Signature of Parent/Guardian

 Date