
Application for 2019-2020 MPE MISC: Please print neatly!

Name _____

Home Phone _____ Parent's Cell: _____ Girl's Cell: _____

Address _____ City _____ Zip _____

Family Email address: _____

Girl Email address: _____

Date of Birth _____ Grade _____ School _____

Parent #1 Name _____

Parent #2 Name _____

Troop # _____ Leaders Name _____

How many times have you been to the desert with MPE? _____

Have you served as an aide to a troop _____, a day camp _____, or a residence camp? _____?

What leadership experience have you had that would help you to be a good MISC?

What camping experience have you had, both family and scouting?

Girl's signature _____ Date _____

Parent's signature _____ Date _____

Application checklist – all items to Karen Hassen by Saturday, August 31, 2019:

- This application, completed
- Attached permission slip, also completed
- MPE Health Form – including immunization information & copy of health insurance card (both sides)
- Payment of \$30 if received by Aug 31st; \$50 if received after Aug 31st
(check – payable to MPE)

** Don't forget to email the MISC Advisor to RSVP for Pre-Tryouts meeting **

PARENTS PERMISSION FOR MISC TRYOUT ACTIVITIES

My daughter _____ has my permission to attend the MPE MISC Tryout activities. She is in good physical condition at present and has no serious illness or operations since her last health examination. I shall make sure she does not attend if she is not feeling well. During these activities, I may be reached at:

Parent #1: (H) _____ (Wk) _____ (Cell) _____

Parent #2: (H) _____ (Wk) _____ (Cell) _____

PARENT CONSENT FOR EMERGENCY MEDICAL TREATMENT

The undersigned do hereby authorize the officers, leaders or agents of the Girl Scouts of Greater Los Angeles, adult persons into whose care our daughter has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is further understood that permission is hereby granted to the officers, leaders or agents of the Girl Scouts of Greater Los Angeles – Southwest Region to obtain and administer such medical aid or assistance as might, in their judgment, be required for the immediate care of our daughter in the event such help of an emergency nature becomes necessary. This authorization is granted with the knowledge that at certain locations used and/or administered by the Girl Scouts of Greater Los Angeles – Southwest Region medical assistance from a licensed physician or dentist may not be available.

In no event will the Girl Scouts of Greater Los Angeles, its officers, leaders or agents be held liable for any first aid treatment or hospital care rendered, or drugs, medicine or surgical procedures performed pursuant to this consent.

Parent #1: _____ Date _____

Parent #2: _____ Date _____

Please have both parents sign. If one parent household, please state so.

PARENT CONSENT FOR PHOTOGRAPHS ON MOJAVE WEB SITE

(Pictures taken during Mojave events will be protected on the Mojave Web Site via password.)

My daughter's photograph taken during Mojave activities may be put on the Mojave Web Site.

Please Initial: _____ Parent #1 _____ Parent #2 _____

FOOD INFORMATION

Does your daughter have any diet restrictions (i.e. vegetarian, no lactose, no red meat, etc.?)

Please complete the attached medical information paperwork (both sides!) and return it with your daughter's application. **Remember to photocopy the permission and health forms and place them in her 10 Essentials!**

DEADLINE: Saturday, August 31, 2019