

Return this form on Saturday, March 16th

**Photocopy this form to include in your 10 Essentials**

**ACCEPTANCE REPLY (Please Print Clearly in Ink!)**

Name \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ I am a 2-4 year Mojave camper and will attend the backpack meeting on Saturday, March 23<sup>rd</sup>  
7:00 P.M. at Camp Eucalyptus, 641 California Street, El Segundo, CA

I would like to be in a patrol with (DO NOT list more than one name) \_\_\_\_\_

**PARENTS PERMISSION FOR MPE DESERT ACTIVITIES**

My daughter \_\_\_\_\_ has my permission to attend the MPE Desert activities (3/16-4/8/2019). 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:

Mother: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Father: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency contact (other than a parent): \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**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, 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, 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.

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

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

**MOJAVE FEE: \$225**

Return this form and check or money order for \$225.00 made payable to MPE. These items need to be submitted on MARCH 16<sup>th</sup> in order to attend Mojave!! No exceptions!!! No excuses! You can lose your spot!

**MEDICAL EXAM FORM (exam must have occurred later than April 8, 2018)**

Please send your completed health exam form to the MPE Registrar by **March 23, 2019**.

**Return all medical forms to: Karen Hassen, 2889 Plaza del Amo #707, Torrance, CA 90503**