

# PERMISSION FOR GIRL SCOUT ACTIVITY

*(Parent/Guardian retains top portion)*

Troop # \_\_\_\_\_ is planning a \_\_\_\_\_ on (date): \_\_\_\_\_

Time: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

## **ARRANGEMENTS FOR TRANSPORTATION:**

\_\_\_\_\_

Time and Place of Departure

\_\_\_\_\_

Time and Place of Return

\_\_\_\_\_

Mode of Transportation

\_\_\_\_\_

Adults Accompanying Girls

## **EACH GIRL WILL NEED:**

\_\_\_\_\_  
\_\_\_\_\_

## **IN CASE OF AN EMERGENCY, YOU WILL BE CONTACTED BY:**

Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Leader's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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*(return bottom portion to troop leader)*

My daughter \_\_\_\_\_ has permission to participate in \_\_\_\_\_.  
She is in good physical condition and has not had any serious illness or operation since her last health examination.

I give the Council permission, for Girl Scout related purposes, to use photographs or videotapes of my child participating in Girl Scout activities or accepting Girl Scout services.

## **DURING THE ACTIVITY, I MAY BE REACHED AT:**

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

If I cannot be reached during an emergency, the following person is authorized to act in my behalf:

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship to participant

\_\_\_\_\_

Telephone

\_\_\_\_\_

Address of Emergency Contact

\_\_\_\_\_

Physician's Name

\_\_\_\_\_

Physician's Telephone

**PLEASE WRITE ADDITIONAL REMARKS  
ON BACK OF LOWER PORTION AND RETURN  
TO YOUR DAUGHTER'S TROOP LEADER**

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date