

# Parent/Guardian Permission Form

Troop #: \_\_\_\_\_ Activity description: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Mode of transportation: \_\_\_\_\_

Time and place of departure: \_\_\_\_\_

Time and place of return: \_\_\_\_\_

Adults accompanying girls (names and relationship to girls or Girl Scout position):

\_\_\_\_\_

Cost: \_\_\_\_\_

Your Girl Scout should bring:

Troop emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Leader's name: \_\_\_\_\_ Phone: \_\_\_\_\_

*(Please tear off bottom and return to your Girl Scout leader no later than \_\_\_\_\_)*

My Girl Scout \_\_\_\_\_ has permission to participate in \_\_\_\_\_ (activity) on \_\_\_\_\_ (date). She is in good physical condition and has not had any serious illness or operation since her last health examination. I give permission for my Girl Scout's picture or voice to be used in Girl Scout publicity.

## During the activity I may be reached at:

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's name and phone: \_\_\_\_\_

Hospital and address: \_\_\_\_\_

Additional remarks: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_