

# 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