

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:

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

Emergency Contact: _____

Telephone: _____

Leader's Name: _____

Telephone: _____

(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