

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: _____