



Parent Permission for Girl Scout Activity

Troop/Group _____

Activity _____

Date _____ Time _____ Location _____

Time and place of departure _____

Time and place of return _____

Mode of transportation _____

Adults Accompanying the Group:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Each Girl Will Need:

Expense _____

Equipment and clothing _____

Please notify the leader if your daughter is exposed to any communicable diseases within three weeks of an overnight activity.

In case of an emergency, the leader will notify:

Emergency Contact Person _____ Phone _____

who will then notify the parent(s) or guardian.

Signature of Troop Leader _____ Phone _____

(Return this portion to Troop Leader)

My daughter, _____ has permission to participate in _____ (activity)

She can participate with reasonable accommodations. Please describe.

During the activity, I can be reached at: _____
Phone _____

I will not send my daughter if she is not feeling well and I will inform you that she will not be attending the activity prior to the time of departure.

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

Name _____ Relationship _____

Address _____ Phone _____

Your physician's name _____ Phone _____

Address _____

In the event I cannot be reached in an emergency, I hereby give my permission to the physician, hospital or medical service selected by the leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. It is understood that a conscientious effort will be made to locate me or the emergency contact listed before any action is taken.

Your signature _____ Date _____
(Parent or Guardian)

Address _____ Phone _____