

Parent Permission Form

Parents keep top portion of form.
Return bottom portion to Troop Leader.

Troop # **Event, Trip or Activity**

Date Time Location Phone Number

Arrangements for Transportation:

Departure Time: Departure Place: Mode of transportation:

Return Time Return Place Mode of transportation

Cost for Event: Equipment and Clothing:

Adult Volunteers Accompanying the Girls

Name(s) and Phone(s)

In case of emergency the following person will immediately notify the parents:

Emergency Contact Name Phone Number(s)

~~~~~*Return bottom portion to Troop Leader*~~~~~

has my permission to participate in:

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Name of Girl Scout                      Troop #

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Event Name                      Event Date

She is in good physical condition and has not had any serious illness or surgery since her last health examination. I give my permission for my daughter to receive emergency medical or surgical treatment and to be hospitalized if necessary. It is understood that every attempt will be made to contact me. Or the second person below, before taking this action. During the activity I can be reached at:

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Print Name of Parent/Guardian                      Signature

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Address                      Phone Number(s)

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

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Emergency Contact Name                      Emergency Contact Phone                      Relationship to Child

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Address                      City/State/Zip

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Physician's Name                      Physician's Phone

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Additional remarks