



# Parent/Guardian Permission Form for Girl Scout Year

This form obtains parent/guardian permission for all special activities for the Girl Scout year. Troops may opt to use this form in place of separate permission forms for each activity.

- Troop co-leaders complete Section A
- Parents/guardians complete Section B and return the completed form to the troop co-leaders.

Girl Scouts without a signed permission form may not be allowed on a troop outing. A copy of this form will be retained by the troop co-leader for the entire year.

**SECTION A (Completed by Troop/Group Leader):**

October 1, 20\_\_\_\_\_ - September 20, 20\_\_\_\_\_

Troop/Group #: \_\_\_\_\_ is planning the following special activities:

Name of Activity	Date/Time	Location

Troop co-leaders will update parents/guardians with additional details, such as but not limited to fees, mode of transportation, what to bring, etc. as each activity nears.

In case of emergency, the troop co-leader will notify the at-home contact person who will immediately notify the parents.

At-home contact name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

By signing below, we agree that all activities will be conducted in accordance with Girl Scouts of the USA and Girl Scouts of Wisconsin Southeast's policies and guidelines regarding safety and adult supervision.

Co-leader signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**SECTION B (Completed by Parent/Guardian):**

Girl Scout's name: \_\_\_\_\_

During the activity, parents/guardians may be reached at:

Name: \_\_\_\_\_ Phone #1: (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone #1: (\_\_\_\_) \_\_\_\_\_ Phone #2: (\_\_\_\_) \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

By signing below, I grant permission for my girl/daughter to attend the listed troop/group special activities, and receive necessary health care, prescribed medications, and emergency medical treatment for the Girl Scout year indicated above. I understand that I may rescind this permission at any time.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_