



Girl Scouts of Wisconsin Southeast
Parent/Guardian Permission Form

Use this form for special troop activities and return it promptly to your Troop Leader in order to ensure participation in the event. Girl Scouts without a signed permission slip may not be allowed on a troop outing.

Instructions

- 1. Troop leader fills out Section A.
2. Parent/guardian signs Section B and returns to Troop Leader before participation.

Section A

Troop/Group #: \_\_\_\_\_ is planning a \_\_\_\_\_
Date: \_\_\_\_\_ Time: \_\_\_\_\_
Phone: \_\_\_\_\_ Location: \_\_\_\_\_

Arrangements for transportation:

Time/Place of departure: \_\_\_\_\_
Time/Place of return: \_\_\_\_\_
Mode of transportation: \_\_\_\_\_

Troop Leaders accompanying the girls:

Name(s) \_\_\_\_\_

Each girl will need to bring:

Expenses: \_\_\_\_\_
Equipment and clothing: \_\_\_\_\_

In case of an emergency, the Troop Leader will notify the at-home contact person who will immediately notify the parents.

At-home contact's name: \_\_\_\_\_ Phone: \_\_\_\_\_
Leader's signature: \_\_\_\_\_ Phone: \_\_\_\_\_

(Detach and return to Troop Leader)

Section B

[ ] Yes [ ] No My daughter, \_\_\_\_\_ has permission to participate in

During the activity, I may be reached at: Phone: \_\_\_\_\_
Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my permission for my girl to receive necessary health care, prescribed medications, and emergency medical treatment.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_