

## 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: ( \_\_\_\_\_ )

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*(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: \_\_\_\_\_