

Permission Form

5 Digit Troop #

Information

Date _____ Description of troop activity _____

Time _____ - _____ Location of activity _____

Pick-up/Drop-off Location _____

Troop Leader(s) _____ Phone/Cell _____

Helping
Hands/Chaperones _____ Phone/Cell _____

Each girl will need \$ _____ for expenses to cover _____

Other equipment/clothing/supplies needed _____

Additional Information:

Permission

My daughter/dependent _____ has my permission to participate in the activity outlined above.

My Girl Scout requires the following special accommodations _____

My daughter/dependent's Personal Health and Medical Record Form is up to date

Contact the following in the event of an emergency:

Parent/Caregiver Name Relationship to Girl Phone(s)

Emergency Contact #1 Relationship to Girl Phone(s)

Emergency Contact #2 Relationship to Girl Phone(s)

Signature of Parent/Caregiver

Date