

Permission Form

Troop/Group _____ is planning _____
Date _____ Time _____ Location _____
Troop Leader _____ Phone/Cell _____

Arrangements:

Pick/Up Time _____ and place of departure _____

Drop Off Time _____ and place of return _____

Mode of transportation _____

Chaperone _____ Cell/Phone _____

Chaperone _____ Cell/Phone _____

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

Other equipment and clothing needed _____

The following individual will notify the parents or guardians at the number you have listed in the event that there is a change of schedule or emergency:

Name _____ Cell/Phone _____



SAVE TOP HALF FOR ACTIVITY INFORMATION



RETURN BOTTOM PORTION TO TROOP LEADER OR ADULT IN CHARGE OF ACTIVITY

My daughter/ward _____ has my permission to participate in:
_____ Date _____

Please describe any special needs or accommodations that my Girl Scout requires:

During the activity I may be reached: Phone # _____ Cell # _____

If I cannot be reached in the event of an emergency, please contact:

Relationship to participant: _____ Phone _____

Parent/Guardian Signature _____ Date _____

Please make sure your Girl Scout's Personal Health & Medical form is up to date