

ACTIVITY PERMISSION FORM

Troop/Group # _____ is planning a _____
(Type of Event)
on _____ at _____
Date(s) Location

Phone Number of Location () _____ Leader Cell Phone/Pager (Optional) () _____

ARRANGEMENTS FOR TRANSPORTATION:

Departure: Time _____ Place _____

Return: Time _____ Place _____

Mode of Transportation: Walking Car Van Bus Train Airplane Boat Car Pool

LEADERS WHO WILL ACCOMPANY THE GIRLS:

Name: _____ Name: _____

EACH GIRL WILL NEED:

Expenses: _____ Spending Money (\$ _____) Meal Money (\$ _____)

OTHER EQUIPMENT AND CLOTHING: _____

In Case of an Emergency, the leader will notify the designated parent who will immediately notify the other parents.

DESIGNATED PARENT'S NAME: _____

LEADER'S SIGNATURE

DATE

TAG-A-LONGS ALLOWED? yes no

If yes, number attending (Safety-Wise adult-to-girl ratio must be observed.)

Number: _____ Name(s): _____

(Cut and return bottom portion to Troop/Group Leader)

My daughter _____ has permission to participate in _____
_____. She is in good physical condition and has not had any
serious illness or operation since her last health examination.

DURING THE ACTIVITY, I MAY BE REACHED AT:

Address: _____ Phone: () _____
_____ Cell Phone/Pager: _____

IF I CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON IS HEREBY AUTHORIZED TO ACT ON MY BEHALF:

Name: _____ Relation to Participant: _____
Address: _____ Phone: () _____
Physician's Name: _____ Phone: () _____

ANY ADDITIONAL REMARKS: _____

In the event of any emergency, I give my permission for necessary treatment of my daughter, _____ (full name of girl) by the physician on duty at a hospital emergency room or by a doctor in private practice. I understand that all reasonable effort will be made to contact me as soon as possible by the Girl Scout Adult in charge of my daughter's troop/group or activity.

PARENT or GUARDIAN SIGNATURE

DATE