

Parent Permission Form

Parents keep top portion of form.
Return bottom portion to Troop Leader

Troop #:		Event, Trip or Activity:	
Date:	Time:	Location:	
Arrangement for transportation:			
Departure Time:	Departure Place:	Mode of Transportation:	
Return Time:	Return Place:	Mode of Transportation:	
Cost:	Equipment or clothing:		
Leaders Accompanying the Girls:			
Name:		Cell Phone:	
Name:		Cell Phone:	
In case of emergency the following person will immediately notify parents:			
Emergency Contact Name:	Home Phone:	Cell phone:	
<i>Please Return bottom portion to the Troop Leader</i>			
Name of Girl Scout:	Troop Number:	has my permission to participate in	
Event Name:	Event Date:		
<p>She is in good physical condition and has not had any serious illness or surgery since her last health examination. I give my permission for my daughter/ward to receive emergency medical or surgical treatment and to be hospitalized if necessary. It is understood that every attempt will be made to contact me, or the second person below, before taking this action. During the activity I can be reached at:</p>			
Print name or Parent/Guardian:		Parent/Guardian Signature:	
Address:		City/State/Zip:	
Home Phone:		Cell Phone:	
If I cannot be reached, in the event of an emergency, the following person is authorized to act on my behalf:			
Emergency contact name: Other than a parent/guardian	Phones:	Relationship to Child:	
Address:		City/State/Zip:	
Physician's Name:		Physician's Phone:	
Additional Remarks:			