



PARENT/GUARDIAN PERMISSION FORM

WHO _____

WHAT _____

PHONE () _____

WHERE _____

MEETING PLACE _____

WHEN _____

DEPARTURE/START TIME _____

RETURN/STOP TIME _____

COST _____

WHAT TO BRING _____

METHOD OF TRAVEL _____

ADULT(S) IN CHARGE _____

EMERGENCY CONTACT _____

PHONE () _____

FIRST AIDER _____

ADULT CERTIFIED IN TROOP CAMPING (when required) _____



PLEASE KEEP TOP HALF OF FORM FOR YOUR RECORDS

RETURN BOTTOM HALF OF FORM TO LEADER BY ___/___/___ WHETHER OR NOT YOUR DAUGHTER WILL BE PARTICIPATING.

My daughter _____, has my permission to participate in the field trip to _____ on ___/___/___.

I am willing to drive if needed. I will be able to take ___ Girl Scouts (including my own) and have adequate seat belts for them.

I will not be at home during this activity. In case of an emergency, please contact _____ at () _____.

My daughter will not be able to participate in this activity.

I understand that Girl Scout activity insurance is secondary to any personal insurance I may have. The adult in charge has my permission to seek emergency medical treatment if needed.

Parent Signature _____ Date ___/___/___

Note: Don't forget to tell us if your daughter is taking medication! It must be in the original container. Enclose written instructions.