



Girl Scout Activity Permission Slip

Troop/Group # _____ is planning a _____

Date _____ Time: from _____ to _____

Location _____ Phone (_____) _____

Each girl will need _____

Cost for this event is \$ _____ To cover expenses for _____

Arrangements for Transportation:

Time and place of departure _____

Time and place of return _____

Mode of Transportation _____

Leaders accompanying the girls:

Name _____ Phone (_____) _____ Cellular (_____) _____

Name _____ Phone (_____) _____ Cellular (_____) _____

In case of emergency, the leader will notify:

Name _____ Phone (_____) _____ Cellular (_____) _____

Leader's Signature _____ Date _____

----- Cut here. Return bottom portion. -----

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 this activity, I may be reached at: Phone (_____) _____ Cellular (_____) _____.

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name _____ Relation to Participant _____

Address _____ City _____

Phone (_____) _____ Cellular (_____) _____

Physician's Name _____ Phone (_____) _____

Special Health Considerations _____

The bearer of this letter has my permission as a parent or legal guardian to act on my behalf in any emergency dealing with the health and welfare of my daughter and to obtain emergency treatment for her by a licensed physician. **Yes** **No**

Signature of Parent/Guardian _____ Date _____

For girls not currently registered as Girl Scouts: I understand that my daughter is not covered by Girl Scouts of the USA activity insurance, but she has my permission to attend this activity.

Yes No