



# 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