



Parent Permission Form 2011-2012

You must have written permission for any activity conducted away from your regular meeting site and/or planned for any alternate time other than the regularly scheduled meeting.

Troop/Group _____ is planning a _____ Date _____
Time _____ Location _____ Phone _____

Arrangement for transportation:

Time and place of departure _____

Time and place of return _____

Mode of transportation _____

Leaders accompanying the girls:

Name(s) _____

Each girl will need:

Expenses _____

Equipment and clothing _____

In case of emergency, the leader will call the following person, who will immediately notify the parents

Name _____ Phone _____

Leaders' signature _____ Phone _____

Return this section to troop leader

My daughter _____ has permission to participate in _____

She can participate with reasonable accommodations. Yes _____ No _____ If any restrictions, please describe _____

During the activity, I may be reached at (phone) _____

Address _____

- I give my permission for my daughter to be given emergency medical treatment.
- I give my permission for the use of photographs of my daughter for Girl Scout publicity purposes.

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf.

Name _____ Address _____

Relationship to participant _____ Phone _____

Physician's name _____ Phone _____

Additional remarks: _____

Parent or guardian's signature

Date

Department: Membership	Approved by: Director of Membership Services
To Be Reviewed: April	Last Reviewed: June 2011
Last Revised: June 2011	Revision Number: 2