



Girl Scouts of the Calumet Council

PARENT PERMISSION FOR GIRL SCOUT ACTIVITIES

Parent/Legal Guardian Keeps This Portion

Instructions: Use your mouse to select a box. You can Tab between boxes. Once form is completely filled, print as you normally would.

Event _____ Date _____

Destination _____ Cost per girl \$ _____

We will be doing the following high risk activities

Departure (date) _____ (time) _____ Place _____

Return (date) _____ (time) _____ Place _____

Registered adults accompanying girls:

Name _____ Phone Number _____

Name _____ Phone Number _____

Form of Transportation _____. Public transportation may be used. Private transportation for the troop may be used if the owners of the vehicles and drivers are insured for public liability and the trip leader and Girl Scouts of the Calumet Council have a copy of the licenses and insurance cards.

Personal equipment needed _____

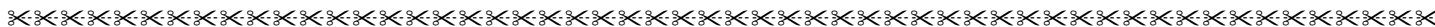
In case of emergency during the event, the parent may contact:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Leader Signature _____ Phone _____ Date _____

Please return bottom half of permission and payment to your leader by _____



Parent Permission Form - PLEASE PRINT

Troop Number _____ Service Unit _____

Event _____ Date _____

Girl's Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Print Parent or Legal Guardian's

Name _____

Business Phone _____ Cell Phone _____

Person to be notified in case of emergency if parents cannot be reached.

Name _____ Phone _____ Relationship to Girl _____

I request that my daughter, _____, be allowed to participate in the above listed event. If she cannot participate fully, I now list the activities she is not allowed to do: _____

My daughter is in good physical condition at present and has had no serious illness or operation since her last health examination. I will not send my daughter if she is not feeling well or has been exposed to any contagious disease within two weeks prior to the event. List any additional information and/or changes to the health history form submitted at the beginning of the membership year: _____

Signature of Parent or Legal Guardian _____ Date _____

RETURN THIS PORTION TO YOUR LEADER