Girl Scouts of the Calumet Council

PARENT PERMISSION FOR GIRL SCOUT ACTIVITIES

Parent/Legal Guardian Keeps This Portion

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_________________________

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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:______________________________

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Signature of Parent or Legal Guardian __________________________________Date____________

RETURN THIS PORTION TO YOUR LEADER

#478
5/03