

Parent/Guardian Permission Form

PARENT/GUARDIAN: Please keep this upper portion of the form

TO BE COMPLETED BY LEADER/ADVISOR AND RETAINED BY PARENT/GUARDIAN:

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

Arrangements for transportation:

Time and place of departure: _____
 Time and place of return: _____
 Mode of transportation: _____

Leader/Advisors accompanying the girls:

Name _____ Phone _____
 Name _____ Phone _____

Each girl will need:

Expenses _____
 Other equipment and clothing _____

In case of an emergency, the Leader/Advisor will notify the emergency contact person, who will immediately notify the parents. The emergency contact person is:

Name _____ Phone _____

Leader/ Advisor's Signature

Event _____

PARENT/GUARDIAN: Complete, tear off and return to Leader/Advisor.

PARENT/GUARDIAN: Please complete, tear off and return this lower portion to Leader/Advisor

My daughter/girl _____ has my permission to participate in _____.
 My daughter/girl has the following chronic or congenital condition(s) that restrict her participation in activities: _____

During the activity, I may be reached at:

Address: _____
 Phone: _____

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

Address: _____

Relation to participant: _____ Phone #: _____

Physician's name and phone #: _____

If my daughter/girl will need medication during this period of time, I will send medication with her. I understand that it will be dispensed only under the specific directions of a physician or under written instructions from a parent or guardian. I give permission to allow the council to use any pictures taken of my daughter/girl. Yes No

Parent or Guardian's Signature