



Activity/Event Permission Form

Parents/Guardians keep the top portion of this form. Return the bottom portion to the Troop Leader.

Name of Event, Trip or Activity:		
Date:	Name of Location:	
Time:	Address:	
Cost:	Phone:	Website:
Items to bring;		
Items not to bring:		

Arrangements for Transportation

Departure Time:	Departure Place:
Mode of Transportation:	
Return Time:	Return Place:
Mode of Transportation:	

Adult Volunteers Accompanying the Girls

Adult Volunteer 1:	Phone:
Adult Volunteer 2:	Phone:
Emergency Contact for the Event:	Phone:

RETURN THIS PORTION TO TROOP LEADER

Name of Girl Scout:	Troop:
Event Name:	

The above-mentioned Girl Scout is in good physical condition and has not had any serious illness or surgery since their last health examination. I give permission for them to receive emergency medical treatment and to be hospitalized, if necessary. It is understood that every attempt will be made to contact me, or the emergency contact person listed below, before taking this action. During this activity, I can be reached at:

Name of Parent/Guardian:	Phone:
Signature:	Date:

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

Emergency Contact:	Phone:
Relationship to Girl Scout:	
Physician's Name:	Phone:
Additional Remarks:	