



Parent/Guardian Permission Form (One per Troop Event)

TO BE FILLED OUT BY THE LEADER:

Leader's Name _____ Phone # _____

Troop # _____ Event _____

Location _____ Date _____

Departure Time _____ Place _____

Return Time _____ Place _____

Leaders accompanying girls:

Name _____ Phone # _____

Name _____ Phone # _____

Each girl will need:

Expenses \$ _____ Other equipment/clothing _____

IN CASE OF EMERGENCY, THE LEADER WILL FOLLOW STEPS ON THE CRISIS CARD.
PARENTS WILL BE NOTIFIED IMMEDIATELY.

TO BE FILLED OUT BY THE PARENT/GUARDIAN:

My daughter, _____, has permission to participate in _____.

She is in good physical condition and has not had any serious illness or operation since her last health examination.

Please share any allergies, health conditions, or behavior issues that would be useful to the adults in charge of activities.

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

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

Name _____ Phone # _____

Relationship to girl _____

Physician's Name _____ Phone # _____

Additional remarks _____

Parent/Guardian Signature _____ Date _____