

Parent Permission Slip

Instructions:

1. Girl Scout Leader/Advisor or Activity Coordinator completes top half of form.
2. Parent/guardian completes and signs bottom half of form and should only return the bottom half to Girl Scout Leader/Advisor or Activity Coordinator prior to activity.
3. Parent contacts Girl Scout Leader/Advisor or Activity Coordinator if daughter is unable to participate on the day of the activity.

Troop # _____ is planning _____

Date _____ Time _____ Location _____

Phone at location (_____) _____

Arrangements for transportation:

Time and place of departure _____

Time and place of return _____

Mode of transportation _____

Adults accompanying the girls:

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Each girl should bring:

In case of an emergency or delay, the Girl Scout leader will notify the back home contact person who will immediately notify the parents.

Name of back home contact: _____ Phone (_____) _____

Leader's signature _____ Phone (_____) _____

DETACH AND RETURN BY _____ TO _____



Parent Permission Slip

My daughter, _____, has permission to participate in _____

Please be aware of and accommodate the following special needs:

I am sending the following medications for the Girl Scout leader to dispense to my daughter:

Medication: _____ Dosage _____ When/How Often _____

I will keep her home if she is not feeling well and will notify the Girl Scout leader as soon as possible.

During the activity, I may be reached at: Phone (_____) _____ or (_____) _____

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

Name _____ Relationship _____

Day Phone (_____) _____ Other Phone (_____) _____

Signature of Parent/Guardian _____ Date _____

www.girlscoutshs.org

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