



Girl Scouts of Peninsula Waters, Inc.

PARENTAL PERMISSION FORM

For Girl Scout Outings

Troop# _____ is planning a (check one) day trip overnight trip Date(s): _____

Location: _____ Phone: _____

Time and place of departure: _____

Time and place of return: _____

Mode of transportation: _____

Leaders accompanying the girls:

Name: _____

Name: _____

Each girl will need:

Expenses: \$ _____

Other equipment and clothing: _____

In an emergency the leader will notify:

Name: _____ Phone: _____

Leader's Signature

Phone

Date

(Cut off and return to leader)

My daughter _____ has my permission to participate in _____
List Trip and Date

She is in good physical condition and has not had any serious illness or operation since her last health examination. I will make sure that she doesn't attend if she is not feeling well and will also inform you of the same. In the event that I cannot be reached, I give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my daughter.

During the activity I may be reached at:

Address: _____ Phone: _____

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

Name: _____ Phone: _____

Address: _____

Relationship to participant: _____

Additional remarks: _____

Parent/Guardian Signature: _____ Date: _____