



# PARENT/GUARDIAN PERMISSION

## Parent/Guardian Permission

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 \_\_\_\_\_

### Leaders accompanying the girls:

Name(s) \_\_\_\_\_  
\_\_\_\_\_

### Each girl will need:

Expenses \_\_\_\_\_  
Equipment and clothing \_\_\_\_\_  
\_\_\_\_\_

### In case of emergency, the leader will notify:

Name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_  
who will immediately notify the parents.

\_\_\_\_\_  
Leader's signature \_\_\_\_\_ Phone number \_\_\_\_\_

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**RETURN THIS SECTION TO TROOP LEADER**

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. During the activity, I may be reached at:

Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

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

Name and address \_\_\_\_\_

Relation to participant \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Physician's name and phone number \_\_\_\_\_

Additional remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*