



PARENT/GUARDIAN PERMISSION
FOR TROOP USE

Use this form for troop activities outside of normal troop meeting time and/or place.

Parent/Guardian Permission

Troop/Group \_\_\_\_\_ is planning a (trip/activity) \_\_\_\_\_
Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_
Phone number ( ) \_\_\_\_\_

Arrangements for transportation:

Time and place of departure \_\_\_\_\_
Time and place of return \_\_\_\_\_
Mode of transportation \_\_\_\_\_

Adults accompanying the girls:

Name(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

Each girl will need:

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

In case of emergency, the troop leader will notify:

Name \_\_\_\_\_ Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_
who will immediately notify the parents.

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

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: Home \_\_\_\_\_ Cell \_\_\_\_\_
Physician's name and phone number \_\_\_\_\_
Additional remarks: \_\_\_\_\_

COVID-19 Acknowledgment and Release: COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Utah takes every safety and preventative precaution, GSU can in no way guarantee that COVID-19 infection will not occur through participation in GSU programs.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_