

ACTIVITY PERMISSION FORM

Return completed and signed form
to Troop Leader by: _____

Troop # _____ Activity and Destination _____

Will Meet _____
DATE TIME LOCATION

Will Return* _____
DATE TIME LOCATION

Your girl should bring: _____

Your girl should wear: _____

Names of accompanying adults: _____

TO BE COMPLETED BY PARENT/GUARDIAN:

_____ has permission to participate in the activity described above with Troop # _____ on _____ .
GIRL SCOUT NAME DATE

She is in good physical condition and has not been exposed to any contagious disease in the past two weeks.

Special Accommodations: (If a child or an accompanying adult requires any special accommodation to participate in this program or health condition that should be monitored, it must be noted.)

Parent/Guardian: _____
NAME(S) PHONE NUMBER WHERE PARENT/GUARDIAN CAN BE REACHED DURING ACTIVITY

Emergency Contact: _____
NAME & PHONE NUMBER OF AUTHORIZED PERSON TO ACT ON MY/OUR BEHALF IF I/WE CANNOT BE REACHED

PARENT/GUARDIAN SIGNATURE(S) DATE SIGNED

**If there is any delay in returning, the parent/guardian or emergency contact will be notified at the phone number provided above.*

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