

# 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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