

ACTIVITY PERMISSION FORM

roop #				Return completed and signed forr to Troop Leader by:
		Destination		
Will Meet	DATE	TIME	LOCATION	
	DATE			
		TIME	LOCATION	
O BE COMPLETED BY				
GIRL SCOUT	has pe	ermission to particpate ir	the activity described above wit	h Troop # on
	odations: (If a child or an	·	ny contagious disease in the past any special accommodation to participat	two weeks. e in this program or health condition that shou
Parent/Guardian:	:			
			PHONE NUMBER WHERE F	ARENT/GUARDIAN CAN BE REACHED DURING ACTIVITY
mergency Conta	act:	NAME & PHONE NUMBER OF	AUTHORIZED PERSON TO ACT ON MY/OUR BEHALF IF I/W	/E CANNOT BE REACHED
	DADENT/CHAE	RDIAN SIGNATURE(S)		DATE SIGNED
girl scouts '				MISSION FORM
of ohio's hea	irtland			Return completed and signed form to Troop Leader by:
of ohio's hea		Destination		Return completed and signed form to Troop Leader by:
of ohio's hea	Activity and I			
of ohio's hea	Activity and I	TIME	LOCATION	
of ohio's hea roop # Vill Meet Vill Return*	Activity and I DATE		LOCATION	
of ohio's hea Troop # Will Meet Will Return* Your girl should be	DATE DATE DATE Ting:	TIME	LOCATION	
of ohio's hea Troop # Will Meet Will Return* Your girl should but Your girl should w	DATE DATE DATE ring:	TIME	LOCATION	to Troop Leader by:
of ohio's hea Troop # Will Meet Will Return* Your girl should but Your girl should w	DATE DATE DATE ring: rear: canying adults:	TIME	LOCATION	to Troop Leader by:
of ohio's hea Froop # Will Meet Will Return* Your girl should by Your girl should w Names of accomp	DATE DATE TOTALE PARENT/GUARDIAN: has pe	TIME	LOCATION	h Troop # on
of ohio's hea froop # Will Meet Will Return* Your girl should be a should we wanted accompany TO BE COMPLETED BY	DATE DATE DATE ring: rear: Danying adults: PARENT/GUARDIAN: has per name	TIME TIME	LOCATION LOCATION the activity described above wit	h Troop # on
of ohio's hea Froop # Will Meet Will Return* Your girl should be a should we wanted accompany O BE COMPLETED BY GIRL SCOUT	DATE DATE DATE ring: DATE rear: DATE PARENT/GUARDIAN: PARENT/GUARDIAN: has perent of the pe	TIME TIME ermission to particpate in as not been exposed to a	LOCATION LOCATION the activity described above with a contagious disease in the past	h Troop # on
of ohio's hea froop #	DATE DATE TOTALE PARENT/GUARDIAN: PARENT/GUARDIAN: PARENT/GUARDIAN: NAME PASSIBLE (Signal condition and had odations: (If a child or and be noted.)	TIME TIME ermission to particpate in as not been exposed to an accompanying adult requires	LOCATION LOCATION the activity described above with a contagious disease in the past	h Troop # on
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of ohio's head roop #	DATE DATE TOTALE PARENT/GUARDIAN: PARENT/GUARDIAN: PARENT/GUARDIAN: NAME PASSIBLE (Signal condition and had odations: (If a child or and be noted.)	TIME TIME TIME ermission to particpate in as not been exposed to an accompanying adult requires and accompanying adult requires.	the activity described above with contagious disease in the past	h Troop # on DATE Two weeks. In this program or health condition that show

PARENT/GUARDIAN SIGNATURE(S)

DATE SIGNED