## **girl scouts** of ohio's heartland

## Activity Permission Form

	Activity & Des	tination	
Will Meet			
WillReturn*	DATE	TIME	LOCATION
Your Girl Scout sho	ould bring:	TIME	LOCATION
Your Girl Scout sho	ould wear:		
Names of accompa	anying adults:		
TO BE COMPLETED BY PA	RENT/CAREGIVER		
	h	has permission to participate i	in the activity described above with
GIRL SCOUT N	AME		physical health and has not been
exposed to any cor Special Accommo	ntagious disease in <b>odations:</b> ( <i>If a child</i>	the past two weeks.	es any special accommodation to participate
 Parent/Caregiver:	NAME(5		
EmergencyContac	ᠥ		MBER WHERE PARENT/GUARDIAN CAN BE REACHED DURING ACTIVITY
	NAI	ME & PHONE NUMBER OF AUTHORIZED PERSON TO ACT ON	
	PARENT/CAREGIVER SIGNAT	FURE(S)	DATE SIGNED
airl scouts		A _ 4 • _ • 4	
of ohio's heartland			y Permission Form
of ohio's heartland	Activity & Des	tination	Return completed and signed form to troop leader by:
of ohio's heartland Troop # Will Meet	Activity & Des	tination	Return completed and signed form to troop leader by:
of ohio's heartland Troop # Will Meet Will Return*	Activity & Dest	tination	Return completed and signed form to troop leader by:
of ohio's heartland Troop # Will Meet WillReturn* Your Girl Scout sho	Activity & Dest DATE DATE DATE Duld bring:	TIME TIME	Return completed and signed form to troop leader by: LOCATION LOCATION
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Troop # Will Meet Will Return* Your Girl Scout sho Your Girl Scout sho Names of accompa TO BE COMPLETED BY PAT GIRL SCOUT N Troop # exposed to any cor Special Accommo in this program or hat Parent/Caregiver:_	Activity & Dest	TIME TIME TIME TIME TIME TABLE TIME TIME TIME TIME TIME TIME TIME TIM	Return completed and signed form to troop leader by:         LOCATION         LOCATION         in the activity described above with         physical health and has not been         es any special accommodation to participate
of ohio's heartland Troop # Will Meet Will Return* Your Girl Scout sho Your Girl Scout sho Your Girl Scout sho Names of accompa To BE COMPLETED BY PAT GIRL SCOUT N Troop # exposed to any cor Special Accommo in this program or has	Activity & Desting:	TIME TIME TIME TIME TIME TABLE TIME TIME TIME TIME TIME TIME TIME TIM	Return completed and signed form to troop leader by:         LOCATION         LOCATION         In the activity described above with         physical health and has not been         es any special accommodation to participate         e noted.)