

# Parent Permission Form

Please print all information. Thank you.

Troop #: \_\_\_\_\_ is planning a trip on (date): \_\_\_\_\_

To: \_\_\_\_\_ Tel. of Location: \_\_\_\_\_

## ARRANGEMENTS FOR TRANSPORTATION:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Mode of transportation: \_\_\_\_\_

## LEADERS ACCOMPANYING GIRLS:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

## EACH GIRL WILL NEED:

Expenses: \_\_\_\_\_

Other equipment and clothing: \_\_\_\_\_

## IN CASE OF EMERGENCY, THE LEADER WILL NOTIFY THE TROOP PARENT CONTACT WHO WILL IMMEDIATELY NOTIFY PARENTS.

Name of Troop Parent Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION. SIGN, TEAR OFF, AND RETURN TO TROOP LEADER BY (DATE):** \_\_\_\_\_

My daughter (print name) \_\_\_\_\_ has permission to participate in  
She is in good physical condition and has not had any serious illness or operation since her last health exam. She may participate in all planned activities.

- I will pick up my daughter on return.  My daughter may travel home alone at end of trip.

## IN CASE OF EMERGENCY, I CAN BE REACHED AT:

Address: \_\_\_\_\_ Tel Day: \_\_\_\_\_ Tel Eve: \_\_\_\_\_

## IF I CANNOT BE REACHED, THE FOLLOWING PERSON IS AUTHORIZED TO ACT ON MY BEHALF:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

## IN THE EVENT THE CONTACT PERSON OR I CANNOT BE REACHED, THE TROOP LEADER IS AUTHORIZED TO ACT ON MY BEHALF.

Physician's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

PARENT(S)/GUARDIAN(S) SIGNATURE: \_\_\_\_\_

