

GIRL SCOUTS OF GENESEE VALLEY, INC.

PARENT/GUARDIAN PERMISSION FORM

To be completed by leader and retained by parent/guardian:

Troop/Group _____ Service Unit _____ is planning a _____

Date _____ Time _____ Location _____ Phone #: _____

Arrangements for transportation:

Time and place of departure _____ Time and place of return _____

Mode of transportation _____

Leaders accompanying the girls:

Name _____ Phone #: _____

Name _____ Phone #: _____

Each girl will need:

Expenses: _____ Other equipment & clothing _____

In case of an emergency, the leader will notify the emergency contact person, who will immediately notify the parents. The emergency contact person is:

Name _____ Phone #: _____

Leader's Signature _____

Parent/Guardian: Complete, tear off and return to leader

My daughter _____ has my permission to participate in _____.

My daughter has the following chronic or congenital condition(s) that restrict her participation in activities:

During the activity, I may be reached at:

Address _____
Street City State Zip

Phone Number _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name and address _____

Relation to participant _____ Phone Number _____

Physician's name and phone number _____

If my daughter needs medication during this activity, I will send medication with her. I understand that it will be dispensed only under the specific directions of a physician or under written instructions from a parent or guardian.