



GIRL SCOUT COUNCIL OF NORTHWEST GEORGIA, INC.
PERMISSION FOR A GIRL SCOUT ACTIVITY

Troop # _____ is planning _____

Date _____ Time _____

Location _____ Phone number _____

Arrangement for Transportation:

Time _____ and place of departure _____

Time _____ and place of return _____

Mode of transportation _____

Adults accompanying the girls _____ and _____

Each girl will need \$ _____ for expenses to cover _____

Other equipment and clothing needed _____

In case of change of schedule or emergency the leader will notify:

_____ (Name) _____ (Phone number)

Who will then notify the parents or guardians at the number you have listed for emergencies.

_____ (Leader's signature) _____ (Phone number)

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(Tear off and return this portion to Troop Leader or adult in charge of activity)

My daughter _____ has my permission to participate in _____. I have reviewed her Health History Record and confirm that all the information is current and correct. I have provided any medications that my daughter will need to take in the original container with written instructions on when they are to be dispensed. I give permission to the person trained in First Aid, or another adult in charge of the activity to administer the medicine as needed.

During the activity, I may be reached at _____ (Address)

Phone # _____ Cell Phone # _____

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

_____ (Name) _____ (Relationship to participant)

_____ (Address) _____ (Phone Number)

Signature of parent or legal guardian _____ Date _____

In addition to this form, a Health History Record completed and signed by the parent within the current year is required to be on file with the Troop Leader or adult in charge.