



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) (Phone number)

# -----

(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.