



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.