

# Parental Permission for Scheduled Activity



As parent/guardian, I give permission for \_\_\_\_\_ to participate in scheduled activities/trips with her Girl Scout troop # \_\_\_\_\_ for the current Girl Scout Year. I understand I will be responsible for completing any additional activity waivers and remitting additional costs as indicated by troop leaders.

Any pictures taken may be used for GSUSA and/or GSSC publicity?  Yes  No

Is child in good physical condition and has not had any serious illness or operation since her last health examination?  Yes  No / If no, explain: \_\_\_\_\_

### Emergency Contact(s):

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

My girl may be released to this contact

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**If I or my Emergency Contacts cannot be reached during an emergency, I give permission for my girl to be treated by a physician and/or hospital.**

Girl's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**My girl may also be released to the following people:**

\_\_\_\_\_

**At the conclusion of this Girl Scout troop activity, my girl will:** *(Please check one)*

Be picked up by \_\_\_\_\_

Carpool with \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_