girl scouts of southern nevada

Parent Permission Form

(Parent Keep This Top Portion)

Troop Travel/Overnight/Special Activity Event form (TP-16) MUST also be completed for any overnight, troop trip, troop camping or special activity requiring specialized training as noted in *Safety-Wise* under the activity check points section.

Troop/Group_____ is planning a _____

Time_____ Date_____20_____

Location_____ Phone _____

ARRANGEMENTS FOR TRANSPORTATION:

Time and place of departure _____

Time and place of return _____

Mode of transportation _____

LEADERS/ADULTS ACCOMPANYING THE GIRLS:

Name _____ Phone ( )_____

Name _____ Phone ( )_____

EACH GIRL WILL NEED:

Expenses (if any) _____ Equipment and clothing _____

_____

_____ This event is a non-refundable event.

_____ A complete/partial refund may be possible if written request is received by: _____

_____ **All activities in water knee level or above require a certified life guard; certification has been forwarded to council and is on file.**

IN CASE OF EMERGENCY, THE LEADER WILL NOTIFY:

Name _____ Phone ( )_____

who will immediately notify the parents/guardians.

RETURN THIS PORTION TO TROOP/GROUP LEADER

(Girl's Name) _____ has permission to participate in (event) _____ on (date)_____. She is in good physical condition and has not had any serious illness or operation since her last health examination.

DURING THE ACTIVITY, I MAY BE REACHED AT:

Address _____ Zip _____

Phone ( ) _____ Phone ( ) _____

IF I CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON IS AUTHORIZED TO ACT ON MY BEHALF: (Make sure this person can be contacted during this event).

Name and Address _____ Zip_____

Relation to participant _____ Phone ( ) _____

Physician's name _____ Phone ( ) _____

PARENT/GUARDIAN'S SIGNATURE_____ DATE _____