

Parent Permission Form

(Parent Keep This Top Portion)

The Special Activity Troop Application MUST also be completed for any overnight, troop trip, troop camping or special activity requiring specialized training as noted in *Safety Activity Checkpoints* under the activity's 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 _____