

ACTIVITY PERMISSION FORM

Please update your girl(s) health history form if anything has changed. If you have special instructions or comments, please use the reverse side.

The Special Activity Troop Form MUST also be completed anytime your troop meets / has an activity away from your regular meeting place, any overnight, troop trip or high risk activity. Troops are allowed to create a digital version of this form as long as it contains all of the event information.

Troop/Group _____ is planning a _____
Time _____ Date _____ 20____
Location _____ Phone _____

ARRANGEMENTS FOR TRANSPORTATION:

(*Please note, 15 passenger vans are not recommended by GSUSA and have special requirements, see Volunteer Essentials & Safety Activity Checkpoints)

Time and place of departure _____
Time and place of return _____

Mode of transportation* _____

VOLUNTEERS 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 VOLUNTEER WILL NOTIFY:

Name _____ Phone () _____
who will immediately notify the parents/guardians.

RETURN THE PORTION BELOW TO THE ACTIVITY ORGANIZER

(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 () _____

CAREGIVER'S SIGNATURE _____ DATE: _____