Girl Scouts of Eastern Pennsylvania
Parent Permission for Troop Activity

Permission, by a parent or guardian, must be given for each girl to participate in the activity below. Girls without written permission will not be transported from the departure location and may not participate in the activity.

Troop Number:	Trip Leader:
Cell Phone:	Email:
Trip Location:	
Leaving From: Date: Time: AM PM	
Returning To: Date: Time: AM PM	
Your child should have Money for the following: Transp. \$_____ Food \$_____ Other \$_____ Total \$_____	
Please bring:	
At Home, In Case of Emergency: Name: Phone:	

High Risk Activity Included?   Yes   No
Detailed description of high risk activities (N/A if none):

High risk activities are those that demand greater physical ability, emotional stamina, and skill. These activities may require specialized training, equipment, and supervision. Please see the Safety Activity Checkpoints and Girl Scouts of Eastern Pennsylvania High Risk Activity List for requirements when participating in a high risk activity. When participating in any high risk activity , all registered Girl Scouts must have a signed permission form and current Health History Form.

PLEASE CUT THE FORM BELOW AND RETURN TO LEADER BY (date):

My Girl Scout (name):   on date:

Has permission to participate in: All Activities **-or-** Some Activities (list exclusions)

My Girl Scout is currently a registered member of Girl Scouts and is thereby covered by the Girl Scouts of the USA accident insurance. I have submitted my child's health history to the leader. I hereby waive and release the Girl Scouts of Eastern Pennsylvania and all individuals, staff members or volunteers working in connection with Girl Scout activities from any and all possible claims for injury to person or property which might arise in connection with my Girl Scout's participation in activities sponsored or provided by you. I do not hold the Council responsible for any accident or illness which might occur and authorize the adult in charge, should it be necessary, to secure the service of a doctor at my expense.

Parent/Guardian Signature:

In the event of emergency, I can be reached at (phone):

If I am unavailable, Emergency Contact (name):   Phone: