



GIRL SCOUTS OF EASTERN PENNSYLVANIA PARENT PERMISSION FOR TROOP ACTIVITY

Troop leaders must obtain the written permission of the parent or guardian of each girl planning 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: _____ Adult in Charge: _____

Leader's Name: _____ E-mail: _____

Day Phone: _____ Cell Phone: _____

Trip is planned to: _____

Leaving from: _____ Date: _____ Time: _____ PM AM

Returning to: _____ Date: _____ Time: _____ PM AM

Your child should have money for the following: Trans.\$ _____ Food\$ _____ Other\$ _____ Total\$ _____

Activities will include the following: _____

Please bring: _____

The troop's "at home" contact is:

Name: _____ Phone: _____

If there are any changes in plans while the trip is in progress, the parent/guardian may contact:

Name: _____ Phone: _____

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

My daughter (name): _____ on (date): _____

has permission to participate in (activity): _____

My daughter 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 daughter'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 will be notified in case of an emergency.)

Parent/Guardian Signature _____

During the above activity, I can be reached at Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency contact that can be reached by telephone during the troop trip, if the parent is unable to be reached:

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____