Girl Scouts of the Sierra Nevada

Parent Permission Form

Troop _____ is planning a/an _____

Date _____ Time (Start) _____ (End) _____ Location _____

Each girl will need: Expenses _____ Other _____

Arrangements for transportation:

Time and place of departure _____

Time and place of return _____

Mode of transportation _____

Leaders accompanying the girls:

Name _____ Name _____

Phone _____ Phone _____

In case of emergency, the Leader will notify:

_____ _____

Who will immediately notify the parents Phone number

_____ _____

Leader's Signature Phone number

PARENTS: Tear off and return bottom portion to troop leader

My daughter _____ has permission to participate

in _____. 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 _____ Phone number _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf.

Name & address _____

Relationship _____ Phone number _____

Physician's name & phone number _____

In addition to this form, a health history signed by the parent within the current year is required for water sports, horseback riding, skiing, hiking, noncontact sports such as tennis or gymnastics, and other such physically demanding activities.

If it should become necessary for my daughter to receive professional medical treatment, I hereby give my permission for a licensed physician to administer the medical treatment he/she deems necessary, including hospitalization. I understand EVERY EFFORT will be made to contact me in such an event.

Parent's Signature _____