

# Parent Permission Form

Please return this form to leader. Leader keep on file.

**Please keep the top portion of this form so that you will have a record of where we are and how you can reach us in the event of an emergency. A signed parent permission is required for all activities outside of the normal Troop meeting. If the bottom portion is not completed, signed, and returned prior to the event or activity, your Girl Scout will not be able to attend. Please return to Troop Leader/Advisor by: \_\_\_\_\_.**

Troop # \_\_\_\_\_ Activity: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ Location: \_\_\_\_\_

In the event of an emergency, contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cost for this activity is: \$ \_\_\_\_\_ Items to bring: \_\_\_\_\_

**\*\*Transportation**

Drop Off: \_\_\_\_\_  
Time Location  
Pick Up: \_\_\_\_\_  
Time Location

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Girl Scout Name: \_\_\_\_\_, has my permission to participate in all events & activities at \_\_\_\_\_ with Troop # \_\_\_\_\_, on \_\_\_\_\_, between the hours of \_\_\_\_\_ and \_\_\_\_\_. I will not allow her to attend if I do not consider her to be in good physical condition or if she has been exposed to any contagious disease. In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Michigan Shore to Shore to seek treatment for my child and/or dependent minor by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973, Section 14a.

I also understand that during the course of this event, photographs, videos, or audio recordings may be taken which may include my Girl Scout. I hereby consent that such photos, videos, or audio recordings may be used by the Girl Scouts of Michigan Shore to Shore in the promotion of Girl Scouting.

\*\* I understand that I am responsible for complying with the transportation arrangement noted. If my Girl Scout is not picked up on time after the activity, the troop leader/advisor will first attempt to contact me and then the emergency contact listed on this permission form. As a last resort, if none of the persons identified are available or willing to pick up my Girl Scout, I understand that the leader/advisor may, at her discretion, contact the proper authorities for assistance in locating me.

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Work Phone