



Parent Permission Form

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Group # _____ Event/activity: _____

Date: _____ Time: _____ to _____ Location: _____

In the event of an emergency, contact: _____ Phone: (____) _____

Cost for this event is: \$ _____ Items to bring: _____

Transportation	Drop Off:	_____	_____
		Time	Location
	Pick Up:	_____	_____
		Time	Location

Keep the top portion so 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 events/activities outside of the normal Group meeting. If the bottom portion is not completed, signed, and returned prior to the event or activity, _____ will not be able to attend!**

Your Girl Scout _____

Return bottom portion of this form to the leader/advisor by: _____ Date Due _____

Girl Scout Name: _____, has my permission to participate in all events and activities at the _____ with Group # _____, 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. I hereby give my permission to the adult staff of the event listed above to secure emergency medical and surgical treatment for my Girl Scout, a minor child, while in attendance. I also give consent for routine, non-surgical medical care. I understand that if an emergency does arise, I will be notified as soon as possible. If I cannot be reached, please notify the following emergency contact person:

_____	_____
Name	Relationship to Girl Scout
_____	_____
Address	Phone #

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.

Parent or Guardian signature Date

Address Home Phone Work / Message Phone

**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 group 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.

***Please attach Girl Health History Form**