

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

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