

Parent Permission



Girl Scouts of Mid-Continent Council
8383 Blue Parkway, KC, MO 64133
(816) 358-8750 Fax (816) 358-5714
www.girlscoutsmcc.org

Use this form to receive parent/guardian permission for their daughter to take part in: activities that take place outside of the scheduled meeting place, involve unusual risks, overnight travel, or focus on sensitive or controversial topics.

SECTION I -- LEADER COMPLETES AND PARENT/GUARDIAN KEEPS

Troop _____ Return by _____

Leader's Name _____				
Address _____		Street _____	City _____	State _____ Zip _____
E-Mail _____				
Telephone (____) _____	(____) _____	(____) _____		
Day	Evening	Cell		

Activity _____ Cost Per Girl \$ _____
Depart (Date) _____ (Time) _____ (Place) _____
Return (Date) _____ (Time) _____ (Place) _____
Transportation: Car _____ Van _____ Bus _____ Other, describe _____
Adult in Charge _____ Telephone _____
Other adults attending _____
Home contact person for emergencies _____ Telephone _____

SECTION II -- PARENT/GUARDIAN COMPLETES AND RETURNS

Girl's Name _____		
Parent's Name _____		
Parent's E-Mail _____		
Telephone (____) _____	(____) _____	(____) _____
Day	Evening	Cell

Complete for water activity:

My daughter can participate yes no. My daughter is non-swimmer beginner swimmer skilled swimmer.

My daughter is in good physical condition and has not had any serious illness or operation since her last health examination. If my child should have a serious illness or operation or be exposed to a contagious disease between the date this permission form is signed and the activity, I will notify the troop leader.

In an emergency I understand that every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the troop leader to hospitalize and/or secure proper treatment for my child.

During the activity, I may be reached at (address) _____ Telephone _____.
If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name _____ Relationship _____ Telephone (____) _____
Address _____
Physician's name _____ Telephone (____) _____
Comments _____

I have read the information describing the _____ activity on _____ and I give permission for my daughter, _____ to participate in all activities except _____.	
Parent/Guardian Signature _____	Date _____

Return to Troop Leader