

GIRL SCOUTS OF CITRUS COUNCIL, INC.
TROOP ACTIVITY: PARENT/GUARDIAN PERMISSION

(Please Print)

Girl Scout Troop/Group # _____ is planning a trip to _____
(Location)

We will leave from _____ at _____ on _____
(Location) (Time) (Date)

We will return to _____ at _____ on _____
(Location) (Time) (Date)

We will be traveling by _____. Each girl should bring the
(Method of Transportation)

following: _____

The adult in charge is _____
(First/Last Name)

The following adults will be attending as chaperons:

In the event of an emergency, we will contact the following person who will then notify parents:

(First/Last Name)
() _____ () _____ () _____
Phone (Day) Phone (Eve) Phone (Cell)

If there is an emergency and you need to reach your daughter, please contact the person above who will make contact with the adult in charge of the troop/group.

Tear along this line and return to troop leader.

I give permission for _____ to participate in the trip to _____ on _____ and to allow any photographs taken, videotapes recorded or interviews given during these activities to be used to promote Girl Scouting in Girl Scouts of Citrus Council. If my child has had a serious illness or operation since her last health examination, I will attach written permission from her physician for her to participate.

Parent/Guardian Signature Date
() _____ () _____ () _____
Phone (Day) Phone (Eve) Phone (Cell)

In the event of an emergency and I can't be reached, the following person is authorized to act in my behalf:

Name Relationship to participant

Phone (Day) Phone (Eve) Phone (Cell)