

# Girl Scouts of Shagbark Council

## PARENT PERMISSION FORM

Troop# \_\_\_\_\_ is planning a \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Phone Number \_\_\_\_\_

Location \_\_\_\_\_

### *Arrangements for Transportation*

Time and Place of Departure \_\_\_\_\_

Time and Place of Return \_\_\_\_\_

Mode of Transportation \_\_\_\_\_

### *Leaders Accompanying the Girls*

Name \_\_\_\_\_ Name \_\_\_\_\_

### *Each Girl Will Need*

Expenses \_\_\_\_\_

Other Equipment and Clothing \_\_\_\_\_

### *In Case of an Emergency, The Leader Will Notify*

Who will immediately notify the parents \_\_\_\_\_ Phone Number \_\_\_\_\_

Leader's Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

**Note: All registered members are automatically covered by the national organization's accident insurance policy, which provides reimbursement for medical expenses incurred as a result of accidents that occur during any approved Girl Scout activity, except events lasting more than 72 hours. The policy provides one hundred dollars (\$100) in medical expense benefits and up to five thousand dollars (\$5000) for the same accident if the claimant is not compensable under any other insurance policy or service contract.**

(TEAR OFF AND RETURN TO TROOP LEADER)

My Daughter/Ward \_\_\_\_\_ has permission to participate in the \_\_\_\_\_.

Does she have any special needs, which can be reasonably accommodated? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe \_\_\_\_\_

She is in good physical condition and will not participate if she is ill. During the activity I may be reached at:

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name \_\_\_\_\_ Address \_\_\_\_\_

Relation to Participant \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Name and Phone Number \_\_\_\_\_

Additional Remarks \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_