

# ACTIVITIES PERMISSION FORM

Troop# \_\_\_\_\_ Is planning a: \_\_\_\_\_  
Date: \_\_\_\_\_ Location: \_\_\_\_\_  
Time: \_\_\_\_\_ Phone: \_\_\_\_\_

## Transportation Arrangements:

Mode of Transportation: \_\_\_\_\_ License # (if applicable) \_\_\_\_\_  
Time and Place of Departure: \_\_\_\_\_  
Time and Place of Return: \_\_\_\_\_

## Leaders Accompanying Girls:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Each Girl Will Need:

Expenses: \_\_\_\_\_  
Equipment/Clothing: \_\_\_\_\_  
\_\_\_\_\_

## In case of an emergency, the Leader/Advisor will notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
who will immediately notify the parent(s).

\_\_\_\_\_  
Leader's/Advisor's Signature

\_\_\_\_\_  
Leader's/Advisor's Phone

-----**COMPLETE BOTTOM PORTION AND RETURN TO LEADER/ADVISOR**-----

\_\_\_\_\_  
Gives Permission For \_\_\_\_\_  
Printed Name of Parent/Guardian \_\_\_\_\_ Printed Name of Girl to attend.  
\_\_\_\_\_ on \_\_\_\_\_ (date)

PLEASE SPECIFY ANY SPECIAL NEEDS \_\_\_\_\_  
\_\_\_\_\_

## During the activity, I (we) may be reached at:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**If I (we) cannot be reached in the event of an emergency, the following person is authorized to act on my (our) behalf:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional remarks: \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**