



Single Event Permission

Parents Keep This Portion

Contact Information

Leader Name _____ Troop # _____ Service Unit _____
 Person In Charge of Event _____ Phone # _____
 Local Emergency Contact Person _____ Phone # _____

Event Information

Event/Activity _____ Location _____ Cost \$ _____
 Departure: Date _____ Time _____ Location _____
 Return: Date _____ Time _____ Location _____
 Parent Support Needed _____
 Transportation _____
 What to Wear (no open-toe or backless shoes) _____
 What to Bring _____

Please return this portion to the troop leader.

My daughter, _____, has my permission to participate in
 (event) _____ on (date) _____.
 She is in good physical condition and has not had any serious illness or operation since her last health exam.

Parent Contact Information

Phone # _____ Cell # _____

Emergency Contact*

*Only complete this section, if the information has changed since the Girl Health History form was completed.
 Name _____ Phone # _____
 Family Physician's Name _____ Phone # _____

Additional Permissions: Please initial

_____ My daughter has my permission to participate in water activities (swimming, canoeing, and/or sailing).
 _____ I/We understand that when participating in Girl Scout activities the registrant may be photographed for print, video, or electronic imaging to be used in promotional materials, news releases and other published formats for either GSSA or GSUSA. We acknowledge that the images will be the sole property of either GSSA or GSUSA.

Signature of Parent/Guardian _____ **Date** _____