



Girl Scouts® Single Event Permission

Parents Keep This Portion

Contact Information

Leader Name _____ Troop # _____ Service Area _____

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 _____