



Girl Scout Council of Vermont
 79 Allen Martin Dr. Essex Junction, VT 05452-3400
 (802) 878-7131 or (800) 639-3055

PARENT PERMISSION FORM

Please complete both sides and return the bottom half to the Troop Leader/Advisor.

Parental permission is needed for girls to participate in activities held at a different time or place than the regular troop/group meeting. Girls will NOT be allowed to attend this activity without this signed permission form.

KEEP THIS PORTION FOR YOUR USE:

Troop/Group #: _____ is planning a: _____
 Day/Date(s): _____ Time: _____
 Location: _____ On site phone number: _____

Arrangements for transportation:

Time and place of departure: _____
 Time and place of return: _____
 We will travel by: Private car Bus Other _____

Adults accompanying the girls:

Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____

(Over)



➔ RETURN THIS HALF TO THE TROOP LEADER after completing BOTH SIDES ←

My daughter (full name) _____
 has permission to participate in _____.
 Indicate any activities that should be restricted or that require assistance: _____

Have there been any changes in her health since completing the Health History Form?

Yes No If yes, please note on reverse side.

Current medications she will be taking: _____

**(All medications, including over-the-counter, need to be given to the
 troop leader/advisor in original container with directions for dispensing.)**

During the activity, I may be reached at: Address: _____
 Day Phone: _____ Evening Phone: _____

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

Name: _____ Relationship to girl: _____
 Address: _____
 Day Phone: _____ Evening Phone: _____

(Over)

EACH GIRL WILL NEED:

Expenses: _____

Equipment and Clothing: _____

Special Instructions: _____

In case of an Emergency or delay, the leader/advisor will notify:

Name: _____

Phone Number: _____

(who will immediately notify the parents)

Leader/Advisor's Signature

Phone Number

Email Address

Physician's Name: _____

Phone Number: _____

Additional Remarks/Special Instructions: _____

My child has permission to participate fully in this activity, except as noted above.

Parent/Guardian Signature

Date