

Permission Slip

SU# _____ Troop/Group # _____ Activity/Trip/Event: _____

Location: _____ Address: _____

Date: _____ Time: _____ to _____

Departure: Date: _____ Time: _____

Place: _____ Address: _____

Return: Date: _____ Time: _____

Place: _____ Address: _____

Adult in charge: _____

Adults accompanying the girls on this activity:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

Cost of the activity \$ _____ For _____

To be turned in with this permission form by _____ (date)

Each girl should bring: _____

Attire for this activity: _____

In case of an emergency, the adults in charge will contact: _____ (name)

at _____ (phone) who will immediately notify parents.

Other information: _____

(Please return the bottom portion only to the troop leader. Retain top for your information.)

My child _____ has my permission to participate in the

following activity: _____ on (date): _____

She is physically capable of participating fully in this activity. A current *Girl Health History* form is on file with the troop leader.

Emergency Contact:

Name: _____ Phone: _____

If I cannot be reached in the event of an emergency, please contact the following person:

Name: _____ Phone: _____ Relationship to girl: _____

In the event of an accident, serious illness, or other emergency, The Girl Scouts Heart of New Jersey has my authorization to secure medical attention for my child as deemed necessary.

Signature of Parent or Guardian

Date