

Farthest North Girl Scout Council Special Permission Form

The members of Troop # _____ have planned a special activity as follows:

TYPE OF ACTIVITY: _____

DESTINATION: _____

Mode of Transportation: _____

Date(s): _____ Cost per Girl: \$ _____

Departure Date: _____ Place: _____ Time: _____

Return Date: _____ Place: _____ Time: _____

Each girl is to bring the following:

In case of emergency we will contact: _____ at Phone # _____
who will in turn contact you.

Please list any allergies or medication being taken by your daughter on the bottom of this form.
Thank you,

Leader's signature

date

Please detach and return this bottom section to the troop leader. Keep the top portion for your information.

My daughter, _____, has my permission to attend this activity
with Girl Scout Troop # _____ on _____ to _____.

During this time I can be reached at: Phone # _____.

In case of emergency and inability to contact me, I authorize a qualified physician to administer treatment in accordance with need. I will make sure she does not attend if she is not feeling well and will so inform you. I also give my permission for any pictures of my daughter to be used by Girl Scouts.

Allergies: _____

Medications: _____

Parent's signature

date