



PERMISSION FORM – Girl Scout Western Pennsylvania

Activity: _____

Date and time of activity: _____

Location of activity: _____

Time and place of departure: _____

Time and place of return: _____

Mode of transportation: _____

Driver's name(s): _____

Items needed for activity: _____

Parents return the bottom portion of this form to the troop leader by _____

Activity: _____ Activity Date: _____

- My daughter, _____, is able to attend, and I hereby give my permission for her to participate.
- My daughter, _____, is unable to attend.
- To the best of my knowledge, my daughter is in good health and free of illness at this time.
- I give permission for her to be photographed for print, digital or electronic images. These images may be used by the troop or GSWPA in news releases or other published formats.
- I wish to opt out of the above media permission.

Please list any serious health problems or allergies that may affect your daughter during this activity: _____

During this activity, I can be reached at home or by cell at these numbers:

Phone-home _____ Phone-cell _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf. *Please make sure this person is aware of the date and time of the activity.*

Name: _____

Relation to Girl Scout: _____ Phone: _____

Who will pick up your daughter after the activity (name and relation):

Name _____ Relation _____

Parent/Guardian Signature

Date

*Please update your daughters health history form if anything has changed.
If you have special instructions or comments, please use the reverse side.*